STARO RO STADRITSED BEATH

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STATE Maryland CITY (If outside corpora		WEST STATE OF THE
CILI (II offeride corbors	to limits write DUPAL and	Washington
OR III		21-03-2
	(If rural, give location)	7 - 0,7 - 3
ADDRESS		٧
(Last)		(Day) (Year)
Bair	DEATH 4	4 1956
	9. AGE last birthday If und	er. 1 year If under 24 hrs ns. Days Hours Min.
	35 ym. l	
		12. CITIZEN OF WHAT COUNTRY?
		COUNTRY?
		own Md.
TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
ary Occulsion		24 Hrs.
		21 77
Epilepsy		34 1rs.
		20. AUTOPSY?
		Yes No
(CITY OR	rown) (Count	(STATE)
HOW DID INJURY OC	CUR?	
	(Last) Bair 8. Date of Birth Dec. 4,1920 11. Birthplace (State of Maryla 14. Mother's Maiden May Hoff 17. Informant and Father Russel TIFICATION ary Occulsion Epilepsy (CITY OR The Mary occuls of the Company occulsion)	(Last) (Last) (Last) (Last) (Def OF DEATH 2 8. DATE OF BIRTH 9. AGE last birthday of Month 2 11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME May Hoffman 17. INFORMANT AND ADDRESS Father Russell Bair, Hagersto

BUREAU V. S.

EEB 12 1820

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate to The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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				,

01500

4	G	0	0
1	U	4	2

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Carroll	MARYLAND	STATE Maryla	nd county	Montgome	erv
CITY (It outside corporete limits, write RURAL	LENGTH OF STAY		ate limits, write RURAL a		
OR end give neerest town) X TOWN Sykesville	(in this place) 5 mos a	or TOWN Beth	esda		15× 2
HOSPITAL OR		STREET	(If rure) giv	ve locetion)	
/5 STREET ADDRESS Springfield State	Hospital	ADDRESS 641	l Wilson La	ne	
	Middle)	(Lest)	4. DATE (Mor	nth) (Dey)	(Yeer)
(Type or Print) Rosa Hend	erson	Baker	DEATH F	eb. 9	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, 8. DATE	OF BIRTH	AGE lest birthday	IF UNDER 1 YEAR	
Female White Specify Wid	OW 9/6	/1870	85 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreig	in country)		ZEN OF WHAT
done during most of working life, even if OR retired) HOUSEWITE	Larrel .	Maryland			J.S.A.
13. FATHER'S NAME	a roo	14. MOTHER'S MAIDEN N	IAME		
William Lewis		Jane Lew	is		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mach	Hospita	l records.		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE				TERVAL BETWEEN
	7			-	TOLL THE DETTIL
	loscierotic i	neart disease			
ANTECEDENT CAUSE(S) DUE TO		· C4			
GIVING RISE TO THE ABOVE CAUSE	myocardial i	ondendero.			years
STATING UNDERLYING CAUSE LAST. DUE TO					
	nia Brain Cre	ndrome associate	- dd+h		
TO THE DEATH BUT NOT BELATED TO THE	ral arterios	clerosis with p	ed MICH		a reme
DISEASE OR CONDITION CAUSING DEATH. CORE 190. DATE OF OPERATION 195. MAJOR FINDINGS (CTGLOSTS MINIT	ayenoars.		O. AUTOPSY?
The part of orthography	or or exercitory				S NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, o (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, fectory, ffice bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While		21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the decea	7 7	5, 19, to2/	9/56 10	Abas I last a	au the deserred
alive on2/9/56, 19, and	that death occurred a		auses and on the categories (Street, city, tow		DATE SIGNED
Walther H. Jonney	fells m.o.		esville, Md		2/9/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O		LOCATION (City, town	n, or county)	(Stete)
Durial 2/13/56	Kockvell	e Unecon	Mockene	lle	hed.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 PUNERAL DIRECTOR'S	SIGNATURE	ADDRES	SS
2-10-51 P 2/21	41.71/110	1 /1 street (1.1	Taxanda	13.7	100 Au 7.

CERTIFICATE OF DEATH

2 0.00 1.7473

EEB 1 VE BE

VS A1S (4) 1SM 9/SS

			163		STATE DEPARTM CERTIFICA	ATE OF DEATH		miore, i	Reg. Dist. No	0160	U
	1. F	Car	roll		MARYLAND	2. USUAL RESIDENCE (Who		lived. If institution b. COUNTY	n: Residence bef	ore admission)	
	X	RURAL and give of Bural - S	(If outside corporate limit learest town) ykesville		c. LENGTH OF STAY IN 16 since 10/13/55	Baltimore		ote limits, write RU	RAL and give no	earest town)	1
8.8	V	S. NAME OF HOSPI OR INSTITUTION	Springfi		oddress) State Hospital	d. STREET ADDRESS 16 W. Prest	ton			e. IS RESIDER ON A FAI YES N	RM?
IMI	1 1	NAME OF DECEASED Type or print)	Josep	h	Middle Edward	BALLENGER	4. DATE OF DEATH	Monti Febru	ary		56
		ale	white	WIDOWE	DIVORCED	B. DATE OF BIRTH unknown		90 yrs.	Months Days	1	Min.
1	13.	USUAL OCCUPATION of working most of working most of working most of working most of working makes and the control of the contr	ON (Give kind of work of rking life, even if retired)		kind of business or indu: unknown	Baltimore 14. MOTHER'S MAIDEN N unknown	, Mary			of what co	
P		, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)		nformant decords of Spri	ingfie	ld State		1	
7		PART I. DE. 491X Conditions, if)		renchopneumen:	18-		OV	TERVAL BETWI	ATH
		gove rise to cottse (a), stating lying couse lost.	the under-								
2	FICATION	couse (o), stoting lying couse lost. PART II. OT C.B.S	the under (co	DITIONS C		ease, with psy	chotic	reaction		19. WAS AUT PERFORME YES . N	ED?
2	CERTIFI	cotse (o), stoting lying couse lost. PART II. OT C B S 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF)	DUE TO (c) THER SIGNIFICANT CON ASSOC WIT TAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DITIONS C	nile brain discribe HOW INJURY OCCURREN	ease, with psy D. (Enter noture of injury in P	chetic	reaction II of item 18.)	n	PERFORME YES . N	O [
2	IL.	Cotse (o), stoting lying couse lost. PART IIOT C.B.S 20a. ACCIDENT W OR CONTRIBUTING	TAS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yee	DITIONS C	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white	ease, with psy	chotic	reaction II of item 18.)		PERFORME YES . N	ED?
2	CAL CERTIFI	Cottse (o), stoting lying couse lost. PART IIOT C B S 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yee 19 hat I attended the	DITIONS CO. DESCRIPTIONS CO. DESCRIPTION	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while of work ed from December	D. (Enter noture of injury in PACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	PM, fram	reaction II of item 18.) or town)	(County	PERFORME YES TO No	(Stota

220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 3 - 3 - 5

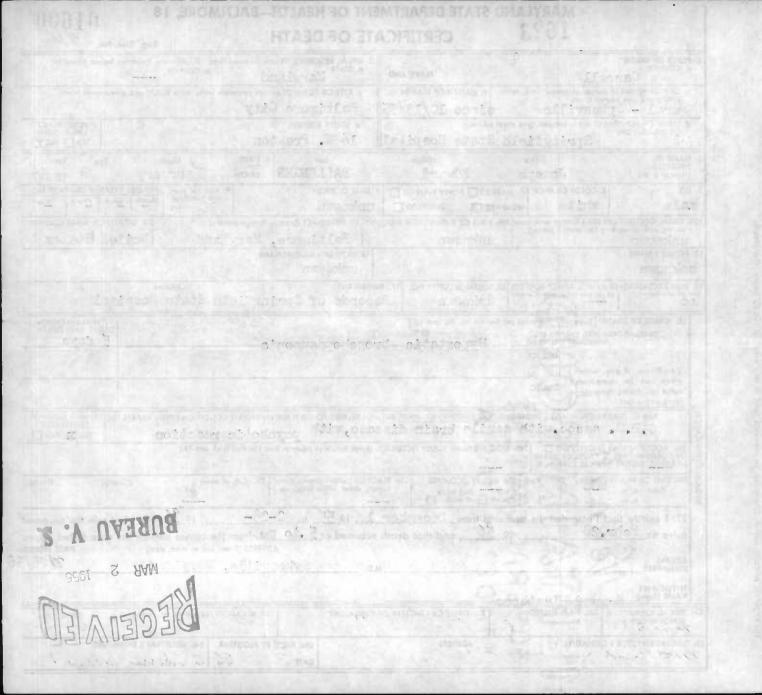
23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY ADDRESS Jan

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Stote)



M

TO HOSPITAL OR ATTENDING FUYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospic, or attending physician.

TO FUNERAL DIRECTOR: After fifts certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

	. 16	24	CERTIFIC	CATE O	F DEATH	1		Reg. Dist	. No.	
1. PLACE OF DEATH CA	RROLL		MARYLAN	II a STA	RESIDENCE (Wh		b. COUNT	rian: Residence	before odm	ission)
b. CITY OR TOWN (I	f autside carporate limestrest town) Sykesville	its, write c.	LENGTH OF STAY IN 1	c. CIT	Y OR TOWN (If	the state of the s	e limits, write	RURAL and giv	re nearest ta	wn)
	'AL (If not in hospital,			d. STI	Baltimo)IB-	Ju ple sudy ordinar pile	3YQ1-	In IS P	ESIDENCE
	eld State				919 Dins	more S	treet		ON	A FARM?
3. NAME OF		irst	Middle		Lost	4. DATE		inth	Day	Year
(Type or print)	DO	ROTHY	M.		BARLOW	OF DEATH	2		23	19 56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	F BIRTH	9.	AGE (In years			DER 24 HRS.
F	W	WIDOWED [1/91		last birthday) 55 yrs		Days Haur	s Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	dane 10b. KINI	D OF BUSINESS OR IN	DUSTRY 11. B	IRTHPLACE (State	ar fareign coun	itry)	12. CITIZ	EN OF WHA	AT COUNTRY
Housew	ife				Baltimo		ryland	U	SA	
13. FATHER'S NAME		C U.S.		14. MQ1	HER'S MAIDEN N					
	rles Flahe		The crownian in the	(A)FORMAN	Anastas	ia Haye				
	R IN U. S. ARMED FOI (If yes, give wor or dates of	service)		. INFORMAN		24 . 7.2 . 04		dress		
NO CAUSE OF DEA	THE FRANCE OF	No	110	Record,	Springf	Tem S	Late Ho	spital		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH [Enter only one co TH WAS CAUSED BY:		44		. 0. 1				ONSET AN	DEATH
IMAY	IMMEDIATE CAUSE (*static ca	relnoma	or bone	9	19000		mont	hs
Conditions if a	DUE TO		inoma of t	ho han a						,
Conditions, if or	mmediate (ETHOMA OT C.	ne pres	150				1 ye	ar +
lying couse last.	the under-	,								
	IER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH	UT NOT RELAT	ED TO THE TERMIN	NAL DISEASE C	ONDITION GI	VEN IN PART	(o) 19. WAS	S AUTOPSY
Schizoph			paranoid ty						PERF	ORMED?
O (IF ETTHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCUI	RED. (Enter na	ture of injury in P	art I ar Part II	af item 18.)			2
20c. TIME OF INJUR Have a. p. p. m.	Y Month, Day, Ye	20d. INJUR While at wark	Nat while	PLACE OF INJ factory, street,	URY (Home, farm, affice bldg., etc.)	20f. (City or	tawn)	(Co	unty)	(State)
21. I certify th	at I attended the	deceased	from 2/2	19	56_, to	2/23	. 19 5	6.that I la	st saw the	e decease
alive on	2/23/	12	56 and that dec	th occurre	d ot 9:27A	M. from t	he causes	and an the	date sta	ted above
1/0/	111 1 20	6	1000	1		ADDRESS (Stree	et, city or town,			DATE SIGNE
SIGNATURE 498	MUT OLIN	lown	MAURICA	M.D. ST	kesville	, Mary	land		2	/23/56
PHYSICIAN'S NAME (Type)	alther H.	Sonnenf	Celdt, M. D	•	**********					
220. BURIAL, CREMATIO REMOVAL (Specify) BULLET	2/27/56		ew Cathed			22d. locatio Balti n				ate)
23. FUNERAL DIRECTOR'S		1 2 1	ADDRESS		240. REC'D	BY REGISTRA	R 245. 800	STRAMPS SION	ATURE	
John A. M.	oran -300	00 E.B	altimore	Street	FIA.R	97101			1	

ALC HIS S. S.	IFICATE OF DE	8"	Cal	
Logica Commission	and the same			
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and the same of th		M. Salah		
AND MALES AND			61	wasterH
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and the second s	d to promise and distance of the second seco			
	d to promise and distance of the second seco			
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9961 40 831	Ingent of a district of the second of the se		COURT DAY	no willip

MARYLAND STATE DEPARTMENT OF HEALTH

1625

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

			ocg. Dige In	Je	
I. PLACE OF DEATH.	2. USUAL RESIDENCE	(HOME) OF DEC			
CARROLI. MARYLAND	Marrel	n mod	COUNT	Carrol	7
CITY (If outside corporate limits, writa RURAL and LENGTH OF STAY	CITY (If outside corp.	orate limits, write I	RURAL and giv	ve nearest to	own)
TOWN Rural - Sykesville 2.7 Hears	OR TOWN Rural -		7 m		36:
HOSPITAL OR	STREET	(If rural, s	iva location)		-
INSTITUTION OR STREET ADDRESS	ADDRESS	1			1
	" Jan	garree			
DECEASED	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) ILOYD F	BEAVER	DEATH	2	20	19 5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birt	hday If under	1 year If u	nder 24 hr
Male White (Specify) Married	4/ /02	53	yrs. Months	Days Ho	ura Ivilia
OB. HSHAL OCCUPATION (Give kind of work 10h King on Dugwood on	11. BIRTHPLACE (State	or foreign country)		. CITIZEN	OF WHAT
done during most of working life, even if retired) INDUSTRY Farm laborer Hospital	Maryland			COUNTRY	***
3. FATHER'S NAME	1 14. MOTHER'S MAIDE	N NAME	-		USA
Magnille The non	margaret	G Read	-1.121		
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	nonev		
Yes, no, or unknown) (If yes, give war or dates of	me Oil ma	Bus	2)	-11	' Gar
700 service) - None	1110 906 11/100	Blarer	- agriph.	erulle	1 /14
18. MEDICAL CE	RTIFICATION		1	INTERVAL	D
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET A	
97/1					
976 Ammediate cause (a) Gun shot wound of b	nead	*********************	*** ***********************************	?	*
Diseases or conditions, if any, (b)			00 30 - + 1 30 4 40 Mm/hg 7 01 100 90 00 0		
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUT	OPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR	TOWN	(COUNTY)	Yes (ST)	No (2
PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(3022	,	(0001111)	(511	A A 43)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hogr) INJURY OCCURRED	HOW DID INJURY O	CCUP			
OF 20 F6 6 200 While at Not while					
INJURY 2 20 56 6:30AM?work at work	self-inflicte	ed gun sho	wound		
22. I certify that I took charge of the remains described above, held an A	1 utangu Inengation	- Imminat	there and	Comment than	
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry sta	led above and d	eath in mu	oninion 1	rosulted
from: natural causes , accident , suicide x, homicide .	undetermined			openion i	CORVITA
SIGNATURE (Degree or title)	ADDRESS			DATE	SIGNED
Signature					
9 4 h , Pravly The beauty	**				
terms J. Thorah Pronty The frame	Westminster,	Maryland		2/21	/56
DERIAL CREMATION DATE THEREOF NAME OF CEMETE	Westminster,	Maryland LOCATION (City	, town, or count		/56 (State)
terms J. Thorah Pronty The frame	RY OR CHEMATERY	Maryland LOCATION (CRY	, town, or coun		
TRIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CHEMATERY	LOCATION (City	, town, or coun		(State)

*** ** ***

The correct age

**E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is empecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

FEB 27 1056

DECEINED

VS A1S (4) 1SM 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO

1626 CERTIFICATE OF DEATH

	Dist.	0	1	6	03
0.	Dist.	No.		11	H

AMINICE WIDOWED DIVORCED 11-13-1870 Lost Distriction of Months C	Day Yeor 19 5 IYEAR IF UNDER 24 HRS. Days Hours Min. ZEN OF WHAT COUNTRY?
3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE WIDOWED DIVORCED 1. BIRTHPLACE (Stole or foreign cauntry) 196. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 109. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of propring life, even if retired)	ON A FARM? YES NO Veor 19 5 1YEAR IF UNDER 24 HRS. Days Hours Min.
3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH PLACE (Stole or foreign cauntry) 196. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign cauntry) 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign cauntry) 12. CITIZ AND	ON A FARM? YES NO Veor 19 5 1YEAR IF UNDER 24 HRS. Days Hours Min.
DECEASED (Type or print) EMMA DEATH Felt 5. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years light bisthdoy) WIDOWED DIVORCED 1/-13-18 70 9. AGE (In years light bisthdoy) WIDOWED DIVORCED 1/-13-18 70 9. AGE (In years light bisthdoy) WIDOWED DIVORCED 1/-13-18 70 9. AGE (In years light bisthdoy) WIDOWED DIVORCED 1/-13-18 70 9. AGE (In years light bisthdoy) WIDOWED DIVORCED 1/-13-18 70 9. AGE (In years light bisthdoy) WIDOWED 1/-13-18 1/-13-18 1/-13 9. AGE (In years light bisthdoy) WIDOWED 1/-13-18 1/-13 9. AGE (In years light bisthdoy) WIDOWED 1/-13-18 1/-13 9. AGE (In y	19.5 (I YEAR IF UNDER 24 HRS. Days Hours Min.
MINIMAL WIDOWED DIVORCED 11-13-1870 List bishdoy) Wonths C Syrs. Wonths C Syrs. Wonths C Syrs. Wonths C Syrs. Work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of tropking life, even if retired Own Home Manual	Days Hours Min.
during most of tropking life, even if retired own Home linging h	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
Ara L Keenell B	
WITHING GEO PASIY WETHING MANON	VEAV
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) JATHUNG DURYNG MANAGEMENT OF THE PARTY OF THE	ONSET AND DEATH
420.0 DUE TO A 18 1 A 1 A 20 1 Nova 1	112
Conditions, if ony, which) (b) WWW BURCH (WOLF WALLS)	Ylars
gove rise to immediate code (a), stating the under- lying couse lost.	/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
E. C. B. C. Marie of of and the alterial and the contraction of the state of the st	PERFORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of wo	ounty) (State)
21. I certify that I attended the deceased from May - 12., 1954, to File - 26-, 1956, that I lo	A contract of the second
	ost saw the deceased
alive on For - 26, 1956, and that death occurred at 2 63 P.M., from the causes and an the	/ .
ACTUAL SIGNATURE WALTHER HE SOMMEN SETTING STATES (Street, city or town, stople) Hate States	PARE SIGNED
PHYSICIAN'S Walther H. Sommen togt	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2, 12, 9, 5 6. LOOK SALEMENT ELLICATED LICENTERY	ty Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE
Easton Sons Catorisville mapare 2.28-56 C. Harry	tiller

CERTIFICATE OF DEATH

BUREAU V. &

FEB 29 1956

OB A CEDE

VS A15 (4) 15M 9/55

	Catrol	1		MARYLAND	2. USUAL RESIDENCE (* o. STATE	Where deceased	lived. If institution b. COUNTY	on: Residen		re admiss	ion)
b. CITY C	OR TOWN (If outside and give nearest to	corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write R	URAL and	give nec	arest town)
C Ame .	Westminst			10 yrs	Unio	n Bridge	8		×		
d. NAME OR IN	OF HOSPITAL (IF no	ot in hospital, g	give street	oddress)	d. STREET ADDRESS				1	_	FARM?
NAME O	F	Fir	rst	Middle	Lost	4. DATE	Mon	th	Do	y 1	Year
(Type or)		an		E	Bohn	OF DEATH	Feb		18		19 56.
. SEX	6. CO	LOR OR RACE	7. MARE	NEVER MARRIED	B. DATE OF BIRTH	19	AGE (In years	IF UNDER	great .		
M		W	WIDOWI	ED DIVORCED	Feb.18,1882		lost birthdoy) 74 yrs.	Months	Days	Hours	Min.
Oa. USUAL	OCCUPATION (Give	kind of work	done 10b.	KIND OF BUSINESS OR IND				12. CIT	IZEN C	F WHAT	COUNTRY
auring	most of working life,	even if retired)	novelty	Md						
3. FATHER'S				HOVOLOJ	14. MOTHER'S MAIDEN	NAME					
Rouh	an Bohn										
		S ARMED FOR	CES2 14	SOCIAL SECURITY NO. 17.	Susan Wea	116	Addi				
Yes, no, or unk	inown) (If yes, giv	war or dates of s	ervice)								
no				17-07-8900 ne for (o), (b), and (c).]	Mrs.Norman E	Bonn	129	W.Mai	n 5	t Wes	tmin
Condi gove cause (lying s	tions, if any, whi rise to immedia (a), stating the <u>und</u> couse lost.	DUE TO	·)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
51	CIDENT WAS LINDS	RLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	in Port 1 or Port	II of item 18.)				
20g. ACI	TRIBUTING CAL	L EXAMINER)									
20c. TIM	NTRIBUTING CAL ER, NOTIFY MEDICA E OF INJURY Mon our a. ji. p. m.	L EXAMINER)	ar 20d. If While of wor	Not while fe	LACE OF INJURY (Home, fo octory, street, office bldg., a	orm, 20f. (City of	or town)	(0	County)		(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		72.	1.,1.7	Company of Education		
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within 24 hours after death. Page 4

PHYSICIAN: The law requires that the death certificate be execu-

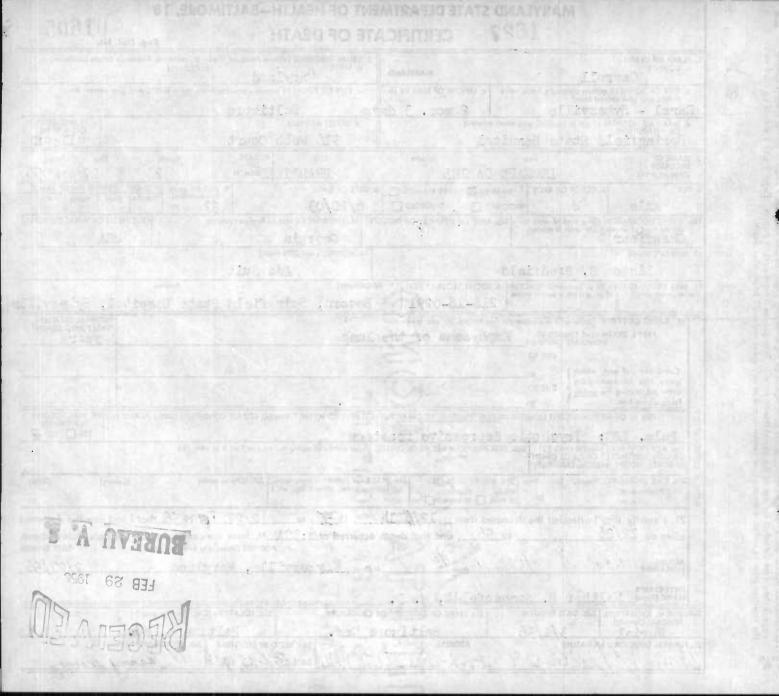
TO HOSPITAL OR ATTENDING

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1627 CERTIFICATE OF DEATH

				Reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limit		aryland	aracata limita valta Bli	IDAL and nive contest towns
RURAL and give nearest town)				KAL and give nearest town)
XRural - Sykesville		lavs Baltimo	re	3/0/-4
d. NAME OF HOSPITAL (If not in hospital, so OR INSTITUTION 4. Springfield State He		d. STREET ADDRESS 916 Webb Con	ırt	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF Fig.		lost 4 DA	TE Manual	
DECEASED	NARD DANIEL	BRADFIELD	ATH	2 27 19 56
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male W	WIDOWED DIVORCED	6/20/03	52 yrs.	Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work	done 10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired Chauffeur		Georgia		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		- ODE
Linton D. Bradf:	blei	Ada Sı	4+	
5. WAS DECEASED EVER IN U. S. ARMED FOR		INFORMANT	Addre	M44
(Yes, no, or unknown) (If yes, give wor or dates of s	service)			
	218-18-0291	Record, Spingfie	Id State He	ospital, Sykesvil
18. CAUSE OF DEATH [Enter only one co				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Emphysema of the	e lung		years
Sal./ DUE TO				
Conditions, if any, which				
gove rise to immediate				
cosse (d), storing the under-				
	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DIS	TARE CONDITIONS ON	NAME AND ASSESSED OF THE PARTY
FART II. OTREK SIGNIFICANT CON			EASE CONDITION GIVE	PERFORMED?
Pulm. TBC: Psychol	tic depressive rea			YES NO
PART II. OTHER SIGNIFICANT CON Pulm. TBC: Psych of 200. ACCIDENT WAS UNDERLYING II OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or	Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Ye Hour a. m. p. m. 19	or 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f.	(City or town)	(County) (Stote)
Hour a.m.	Whife Not while	foctory, street, office bldg., etc.)		
p, m. 17	of work of work			
21. I certify that I attended the	deceased from 12/11	14, 19.55, to2/	27 19.56	,that I last saw the decease
alive on 12/26	, 19_56, and that dea	th occurred at 6:30A_M, f	rom the causes ar	nd an the date stated above
1 : 11 20 1	1111		S (Street, city or town, s	
SIGNATURE HILLIUT A. 16	11111111111111	M.D. Sykesyille,	Mameland	2/27/56
SIGNATURE			- war y rautt -	
PHYSICIAN'S NAME (Type) Walther H. S	Sonnanfeldt, M. D.			
20. BURIAL, CREMATION, 226. DATE THEREC		OR CREMATORY 22d 10	DCATION (City, town, or	County) (Ctata)
REMOVAL (Specify)				(0.0.0)
Burial 3/1/5			Baltimore,	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS R. O.	240. REC'D BY RE	GISTRAR 246. REGIST	TRAR'S SIGNATURE
Wim. Y. Vicille	7 XEW- Rall	CONTRACTOR	8 1956 (1	Harry Weeks



VS A15 (4) 15M 9/S5 I

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

N

		16:	28	CERTII	-IC/	ATE OF D	EATH			R	leg. Dist.	. No.		
1. [LACE OF DEATH	rroll		MARYL	AND	2. USUAL RESIDE	NCE (Who	ere deceased		nstitution: DUNTY	Residence	before	odmissio	n)
1	. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TO		utside corpor	ate limits, v	write RUR	AL and giv	ve negret	t town)	
×	RURAL ond give ned			10 yrs		Bal	timor	e Cit	~		31	101	11	./
-	. NAME OF HOSPITA	AL (If nat in haspital, g	ive street			d. STREET AD		9 020	,		-	0.	IS RESID	ENCE
1:	OR INSTITUTION S	pringfield	Sta	te Hospital		1710	West	Pratt	Sta				ON A F	
	NAME OF	Fir		Middle		Last		4. DATE		Month		Day		or
	DECEASED Type or print)	Joh	n	J.		Cavill		OF DEATH		Feb.	22	,		56
5. 5	EX	6. COLOR OR RACE	7	NEVER MARRIE		B. DATE OF BIRTH	188	7.7	9. AGE (In	years IF	UNDER 1	YEAR IF	UNDER	24 HRS.
	male	white	WIDOWI	ED DIVORCED		Oct. 29.	1891		71	yrs.	Aonths D	Days 1	lours	Min.
10a	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDU		CE (Stote o	or fareign ca	untry)		12. CITIZ	EN OF	WHAT	OUNTRY?
	Watchn			(MD-0-10-440-010)		Mar	vland	3			U.	S.A.		
13.	FATHER'S NAME					14. MOTHER'S A								
	Martin Cav	ell				El	len I	Donova	n					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT				Address				
,,,,,	no			?	Re	cords of	Sprin	gfiel	d Sta	te Ho	spit	al		
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), and (c).]								INTERV	AL BET	
		H WAS CAUSED BY:	Co	ronary occl	usi	on							nut	
	420.1	DUE TO												
	Canditions, if on	y, which) (b	Ger	neralized a	rte	riosclero	sis w	rith H	ypert	ensid	on	more	th	an
	gave rise to in coese (a), stating t	mediote (1			14	yrs.
	lying couse last.	(c)											
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITIO	N GIVEN	IN PART	1(a) 19.	WAS AL	JTOPSY
CAT	Psv	chosis wit	h cer	rebral arte	rio	sclerosis							ES 🔲	
RTIFI	20a. ACCIDENT WAS	UNDERLYING DE CALLSE OF DEATH	205. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of	njury in P	ort 1 ar Part	tt of item 1	B.)				
CE	(IF EITHER, NOTIFY	CAUSE OF DEATH		********										
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a. m.	Month, Day, Ye			20e. PL	ACE OF INJURY (He	me, form,	20f. (City	or town)		(Co	unty)		(State)
MED	p. m.	19	While at wor	Nat while		cidity, sincer, direct	nog., etc.;	-	~~~					
	21. I certify the	at Lattended the	deceas	ed from Spt.	7	19 17	to Feb	22	10	056	hat I la	et saw	the d	acansad
	alive on_Fab			6,, and that										
	Δ	`	/ · · · · · · · · · · · · · · · · · ·	7		o control des		DDRESS (SI				dale		E SIGNED
	ACTUAL SIGNATURE	nart	ナル	300	73	M.DSyke	377	. 3/1				Feb	20	195
							3V1-1:	10,ma				-4-60	b6-6	3-17-74
	PHYSICIAN'S MAME (Type)	artin Gross	, M.	.D.										
229	BURIAL CREMATION	N. 225 DATE THEREC	f	22 NAME OF CEME	TERY O	R CREMATORY		22d. LOCATI	ION (City, I	awn, or c	punty)	/	(State)	
/	MANAL (Specify)	terny	1947	Loudes	11	art Ce	wi	100	itte) /	no			
23	FUNERAL DIRECTOR'S	SIGNATURE /	700	ADDRESS Dy	UH	7 1	HARRES'D	BYREGISTA	A - 246.	REGISTRA	AR'S SIGN	NATURE		
/1	MAN	1.1.11/1	1116	Con 15	1 1	11/1/01	ED	431	סוכצ	(2	4 - 11 .	11/00	Kla	

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			Flowers
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LEB S3 1920	of Charles and		este promise
			economico de la
DECEINEU		therion	Lucia Destroy
	admin - a	170. 1. 1.	NETWORTHUR

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72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 01607

Reg. Dist. No

1. PLACE OF DEATH	2.	USUAL RESIDENC	E (HOME) OF DECE	EASED	
COUNTY Carroll MAI	RYLAND	STATE Maryla	ind COUNTY	Carrol	1
	this placa)	OP.	o limits, write RURAL and g stminster	Ive nearest town)	27
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 New Windsor Re		STREET ADDRESS 24	New Winds		1
3. NAME OF (First) (Middle) (Type or Print) Mary Eliza	beth De	11	4. DATE (Month) OF DEATH Fel	O. 21	(Year) 19 56
5. SEX 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) Widowe	d June 28,	1872			NDER 24 HRS
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work OR INDUSTRY OWN HO	me Cari	THPLACE (State or foreign	y, Marylan	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME		Britis
Edward Burns 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO.	MAPSA 17. INFORMANT & ADI	ret Ditman	1	
(Yes, no, or unk.) (If Yes, give wer or deles of service)			duckingham	Westmins	ter,M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CERTIFIC	ATION	~	INTERVAL ONSET AT	
163X IMMEDIATE CAUSE (A)	receon	ra of	hungs	1-101	leval
ANTECEDENT CAUSE(S) DUE TO			· Y		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Meyoc	orditis		540	ers-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				0	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERA	TION			20. AU YES	NO NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, f OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ictory, 21c. WH	ERE DID INJURY OCCUR?	(City or town)	(County)	Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY (While M. at work	OCCURRED 21f. HO Not while at Work	W DID INJURY OCCUR?	1		
22. I hereby certify that I attended the deceased from alive on the 2/ 1910 and that designature	ath occurred at	M, from the cau	ises and on the date	stated above.	deceased
REMOVAL (SPECIFY)	• Pleasant		Gamber, A	/ -	(Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIG		ADDRESS	
- 2-22 11 1to 1	1. 11.	Ionn R. Ru	rers Westmi	naton a	2

BE AUDISTRACTOR OF PRESENT OF PRACTICAL CHAPTERS OF

FOIR CERTIFICATE OF DEATH

Chapit Torback working

LEB 17 1956

BUREAU Y. E.

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executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01608

CERTIFICATE OF DEATH 1629

Reg. Dist. No.

COUNTY CATTOIL MARYLAND			
		yland COUNTY Was	hington
CITY (If outside corporete limits, write RURAL LENGTH OF STA OR end give neerest town) (in this plece)	Y CITY (If outs	de corporete limits, write RURAL and giv	e nearest town)
X TOWN Sykesville Syears.2m		cock	21x-2
HOSPITAL OP	CTDEET	(If rure) give loce	
INSTITUTION OR Springfield State Hespital.	ADDRESS		
		ncock, Maryland	
3. NAME OF (First) (Middle) DECEASED	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Edward Theodore	Ditto	DEATH 2	17 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED, DIVORCED, (Specify) Single	8-7-18	37 yrs. Mon	Ihs Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT
retired) Laborer	Maryland		U.S.A.
13. FATHER'S NAME	14. MOTHER'S A	MAIDEN NAME	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
James Edward Ditto		y Ray	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORM	ANT & ADDRESS Mrs.Floren	74112
(Yes, no, or unk.) (If Yes, give wer or detes of service)	000 1	rrs.rloren	ce mitte, amit
Unk.	L CERTIFICATION	rket St., Frederick	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION		ONSET AND DEATH
454X IMMEDIATE CAUSE (A) Gangrene of the	he small intest	ine	days
	do princial Titore	92389	ued o
DISEASES OR CONDITIONS, IF ANY, (B) Mesenteric this	rombosis		days
GIVING RISE TO THE ABOVE CAUSE	T OTHOOD TO		uayo
STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PETER POPULATIONS	-Anxietyhtster	Ma	****
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	, -12DELO 0, 14E 002		years
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
2,			YES 🔀 NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJUR	Y OCCUR? (City or town)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJUR	V OCCUPA	
		Y OCCUR?	
While Not while			
M, et work et work			
M. et work et work 22. hereby certify that attended the deceased from 12-		2-17 , 156 , 11	eat I last saw the deceased
M. et work et work 22. hereby certify that attended the deceased from 12-			nat I last saw the deceased
M. et work et work et work 22. hereby certify that attended the deceased from 12-		2-17 , 156 , the name of the causes and on the date	
22. I hereby certify that I attended the deceased from 12- alive on 2-17- signature	urred at 8.15PM, from	n the causes and on the date ADDRESS (Street, city, town, stet	stated above. DATE SIGNER
22. I hereby certify that I attended the deceased from 12- alive on 2-17, 19 56, and that death occur SIGNATURE WILLIAM AM 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	urred at 8.15PM, from	n the causes and on the date	stated above. DATE SIGNER 2-18-56
22. I hereby certify that I attended the deceased from 12- alive on 2-17, 19 56, and that death occur signature M. etwork etwork etwork etwork etwork etwork occur alive on 2-17, 19 56, and that death occur signature M. etwork etwork A deceased from 12 A deceased f	.D. Springfic	n the causes and on the date ADDRESS (Street, city, town, stete ald State Hospital LOCATION (City, town, or c	stated above. DATE SIGNER 2-18-56
22. I hereby certify that I attended the deceased from 12- alive on 2-17, 19 56, and that death occur signature With M. et work 12- alive on 2-17, 19 56, and that death occur M. et work et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work 12- alive on 2-17, 19 56, and that death occur M. et work A. et work	D. Springfi	an the causes and on the date ADDRESS (Street, city, town, stet ald State Hospital LOCATION (City, town, or c	stated above. DATE SIGNER 2-18-56 ounty) (State)
22. I hereby certify that I attended the deceased from 12- alive on 2-17- alive on 2-17- alive on 2-17- ALIVE AND AL	D. Springfi	n the causes and on the date ADDRESS (Street, city, town, stete ald State Hospital LOCATION (City, town, or c	stated above. DATE SIGNER 2-18-56

MARYLAND STATE DIFFASTINEST OF HEALTH-BALTIMORE TO 11 (11)

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BUREAU V. S.

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BAIDST

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01609

1630 CERTIFICATE OF DEATH

			1	1
Reg.	Dist.	No		2

	1) PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	1200 01	march 1 Ressell
	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside sorporate limits, write RURAL and give nearest town)
	OR end give nearest tewn), " (in this place)	OR n
	X TOWN REPORT WHOTENESTE 34M	TOWN MARK MYSTRAGERICA X
3	HOSPITAL OR INSTITUTION OR O / A /	STREET ADDRESS 7 / // (If rurel give location)
	OB STREET ADDRESS TO CHARLES IT.	4 Charles 11
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yaer)
	(Type or Print) UOHN	RES DEATH 201-14 1956
	5. SEX 6. COLOR OR / 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
	male Pace (Specify) WIDOWED, DIVORCED, (Specify) WIDOWED	Months Deys Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	done during most of working life, even if OR INDUSTRY retired)	As Mall & Mad
*	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
	John Kylser	mores ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 2 6 Character if
1	(Yes, no, or unk.) (If Yes, give wer or detes of service)	- Mary of trust of the
-	18. MEDICAL CER	TIFICATION INTERVAL BEIWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	42 IMMEDIATE CAUSE (A) andiac	accompressiture to days
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	Deel ar History 16-yers W
H	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	cl. Achin sans 12 4 ac
	19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	THE DATE OF OPERATION	YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) ROACK FOR	Dout to - our
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
	1940 (2) M. at work et work	a truck agred m
	22. I hereby certify that I attended the deceased from 15.45	19, to fall 14., 19, that I last saw the deceased
	alive on	A.M. from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Streat, city, town, state) DATE SIGNED
	W. O. A.F. 12021 M.D.	2. est in mistast med
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stete)
1150	REMOVAL (SPECIFY) 2/17/5/ 5/10-17/11	Ceneral and hearthanist
SA	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
-	21 . 5 00 01	De Municipal to the transfer and
	DATE 2-1/2 J'S Harrel Price	1 /- 1 co 1/14/1/1/ 10 1/14/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/

ST ZSOMITZAG-HTIARN TO THEMTEASING STATE CHAITSTAM

HEART CERTIFICATE OF DEATH

FEB 20 1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01610

1631 CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH	2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED
COUNTY Carroll MARYLAND	STATE Maryla	and county	Carroll
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURAL er	nd give neerest town)
OR end give neerest town) TOWN Taneytown OF VIS.	Town Tane	eytown	X
HOSPITAL OR	STREET	(If rurel giv	e location)
INSTITUTION OR STREET ADDRESS 15 Fairview Avenue	ADDRESS 15	Fairview Av	enue
3. NAME OF (First) (Middle)	(Lost)	4. DATE (Mon	th) (Dey) (Yeer)
(Type or Print) Rosa B. Ec	kard	DEATH 2	/10/56
	ATE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 F
	7/1879	76 yrs.	Months Deys Hours Mi
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stele or forei		12. CITIZEN OF WHAT COUNTRY?
Housewife, Housework Her own home	Frederick Co.	, Md.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Andrew J. Ohler	Mary Cather	rine Fleagle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17 INFORMANT &	ADDRESS 15 F	airview Avenue
(Yes, no, or unk.) (If Yes, give wer or dates of service) 216-05-2141	. Clarence	Eckard. T	aneytown, Md.
18. MEDICAL	CERTIFICATION		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
immediate cause (a) Cerebral Hen	orrhage		53 hrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	eriosclerosis		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic myoc	arterioscleros arditis	318	10 yrs.
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	1 21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)			(
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Work et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the deceased from May	11 19 40 to Fet	10 19 56	, that I last saw the deceas
alive on Feb. 9 , 19 56 , and that death occurr	ed at 2:30 M, from the c	causes and on the d	ate stated above.
SIGNATURE		RESS (Street, city, town	
K. D. MeVaugh M.D	49 Frederick	St. Taney	town, Md. 2/10
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Y OR CREMATORY	LOCATION (City, town	, or county) (State)
0/20/146	Cemeterv	Taneytown,	Carroll Co., Mc
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 1/1/966 The Miles	mo 4 M. Lett	leison Li	ittlestown, Pa.
Local	PUR. A.	Estal Par	etnes

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			International		
A Company of			100 mm	attended at	
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A DECEMBER OF THE PERSON	Entra eller	10 M	to the many that species is		
	. 63			THE REST	SERVICE IN

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801611

1632 CERTIFICATE OF DEATH Reg. Dist. No.

ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF	DECEASED:
Sil	COUNTY PAYEN (COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	* mall
legibly	CITY If outside comporate limits write RURAL I ENGTH OF STAY CITY If outside comporate limits wri	
and	OR // and give nearest town) (in this place) OR //	+:
	The state of the s	
rly V	HOSPITAL OR STREET ADDRESS ADDRESS	ive location)
clearly	STREET ADDRESS Kurdl 37 Kalky	WAT.
ਹ	3. NAME OF (First) (Middle) (Last) 4. DATE (Mo	onth) (Day) (Year)
death	DECEASED: (Type or Print) W DONALD ECKER DEATH:	He 2 19 %
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF BIRTH: 9. AGE last birthday WIDOWED, DIVORCED,	
of	RACE, WIDOWED, DIVORCED. 1/21/1905 5/yrs.	Months Days Hours Min.
8	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign cou	ntry): 112. CITIZEN OF WHAT
causes	work done during most of working life. OR INDUSTRY:	COUNTRY?
	Julisman auto Maryland	10.5.
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
43	Olaska & Faller. Sure Alater	
it	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1
write	(Yes, no, or unk.) (If Yes, give war or dates	11.1 + 4 111
0 %	0 Mo of serviciones 2/4-03-3/66 Mrs. Marcue S. Celler	, Westminster & 4a
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420.1	21
Physicians:	IMMEDIATE CAUSE (A)	- racin
cia	ANTECEDENT CAUSE (S)	
Vsi	DISEASES OR CONDITIONS, IF ANY. (B) Loron dy Belevaria e Musi	ference - several mines
h	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE	
od	DISEASE OR CONDITION CAUSING DEATH.	
in	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
ecially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
esp	210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
is	OF INJURY While Not while at work	
	22 I haraby carrify that I attended the deceased from two 15 1056 to Teh 2 1056	that I last saw the deceased
age	22. I hereby certify that I attended the deceased from 13 385, to Jeh 2, 1956,	
	anve on the causes and on	
ect	SIGNATURA ADDRESS 9	DATE SIGNED
correct	dues J. March M.D. Washumaler	24/50
o	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (C	ity, town, or edinty) (State)
	Louis 12/5/56 Men Vow Pranch Cem Westurn	stee Auge Illa
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PA. FUNEFAL DIRECTOR	ADDRESS
	REGISTRAR	. Very & Dunkers Mik
	2-4-06 Haniel, Miller W. W. Helly le fores	1 ton Contract of the

BUREAU V. S.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)1612

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Month Day Year 2 25 19 56 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 75 ? yrs Months Doys YES 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Route # 1 Mr. Simon J. Haines (brother in law) Gaithersbyrg Md INTERVAL BETWEEN ONSET AND DEATH days WAS AUTOPSY PERFORMED? YES NO (Caunty) (Stote) = 156 that I last saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Laytonsville. Md. 24b. REGISTRAR'S SIGNATURE

CERTIFICATE OR DEATH

MARKIAND STATE DEPARTMENT OF HEATTH-BRADINGER, 18 17 5 12

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	HILLIAM TOTAL TOTAL			
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	B2258	\$:10°\$8	TOLEN	
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	montal		enwe Enf	
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nrei A Mali		в Гирин экрайоно		
				To .o.: .

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1634 CERTIFICATE OF DEATH

			-/	-
Reg.	Dist.	No		./

	LACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED					
	and days all	ma allando				
	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)				
	OR and give nearest town) (in this place)	OR DJ				
и	X TOWN It amplesed	TOWN Haugsterd X				
	HOSPITAL OR	STREET (If rural give location)				
	INSTITUTION OR STREET ADDRESS	ADDRESS				
	3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Dey) (Year)				
	(Type or Print) JOSHUA-L-ENSOR DEATH Heb					
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF					
	m RACE WIDOWED, DIVORCED, ISpecify Wildows of Dee 3-1877 78 yrs. Months Days Hours					
	10a, USUAL OCCUPATION (Giva kind of work dona during most of working life, even if OK INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT				
1	relired) Labour Harry	maryland 100 A				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	CAGEY-ENSOR	MARTHA -				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
0	(Yes, no, or unk.) (If Yes, give was or dates of service) 215-32-480	6 Clarence Eusor, Hampstead M.				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH					
		said to to the distance of the				
	420 IMMEDIATE CAUSE (A)	- was produced a sure				
	ANTECEDENT CAUSE(S) DUE TO	a The state I do				
	GIVING RISE TO THE ABOVE CAUSE	Town 1909				
	STATING UNDERLYING CAUSE LAST. DUE TO					
9	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH.					
0	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	21- ACCIDENT WAS UNDEDIVING IT I 216 BLACE (Date for factors)	YES NO L				
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING AUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete)						
		RY. HOW DID INJURY OCCUR?				
	M. et work at work	- //				
	22. I hereby certify that, I attended the deceased from 1-21, 10 2-15, 19.56, that I last saw the deceased					
	alive on 2-14, 19 6, and that death occurred of 18 0 M, from the causes and on the date stated above.					
~	SIGNATURE ADDRESS (Street, city, town, stelle) DATE SIGNED					
10M	m. C (Farter huell M.D. Stampstery, Me 2-16-56					
1.55	23. BURIAL, CREMATION, DATE THEREOF \ NAME OF CEMETERY OR	CREMATORY LQCATION (City, town, or county) (\$tete)				
A15C	REDOVAL (SPECIFY) Heb-18756 - Green	1 Day of an hall				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE DATE						

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STREET CERTIFICATE OF DEATH

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MEDICAL SAMPLE CATION

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A CONTRACTOR OF STREET, N. S. STREET, S. STR

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate of INSTRUCTIONS The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01614

CERTIFICATE OF DEATH 1635

Reg. Dist. No. 114

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASEI			
COUNTY Carroll	MARYLAI	ND	STATE Maryland COUNTY					
CITY (It outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF S	YAT	CITY (If outside corporete limits, write RURAL end give neerest town OR			rest town)		
× Town Sykesville	10 yrs.	5 mos.				0/4	L	
HOSPITAL OR			STREET ADDRESS	(If rural gi	ve location)		1177	
INSTITUTION OR STREET ADDRESS Springfield Sta	te Hospital		Unkn	own				1
3. NAME OF (First) DECEASED	(Middle)		(Lest)	4. DATE (Mor	nth)	(Dey)	(Yeer	1
(Type or Print) Anna	Faz	enbake	r	DEATH F	eb.	8	195	6.
5. SEX 6. COLOR OR 7. SINGLE, I	MARRIED, D, DIVORCED,	8. DATE OF	BIRTH	9. AGE lest birthday	IF UNDER		IF UNDER 2	
	Widow	Nov.	22, 1895	60 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	1	1. BIRTHPLACE (Stele or for	reign country)	12	COUNT	OF WHA	Т
retired) None	none		Maryland				S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
James Condry			Elle	n Keiscrote				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECUR	ITY NO.	17. INFORMANT & ADDRESS					
(Yes, no, or unk.) (If Yes, give wer or detes of service)	(Yes, no, or unk.) (If Yes, give wer or detes of service) Hospital records							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DI		CAL CERT	TIFICATION			INTER	ET AND DE	EEN ATH
11000	Coronary o	ດດໃນຕຳ	on			36	hour	S
DILL TO	Cormary o	ICC LUBIL	OII .					
DISEASES OR CONDITIONS, IF ANY, (B)	rterioscler	otic h	eart disease			un	known	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								-
TO THE DEATH BUT NOT RELATED TO THE Mann	c Reaction	in an	alcoholic se	tting.		ve	ars	
DISERSE OR CONDINGING OF COMMON CONTROL COMMON COMM	INGS OF OPERATION						. AUTOPS	17
						YES	land	- Land
	(Home, ferm, factory, treet, office bldg., etc.)		c. WHERE DID INJURY OCC		(Cour	nty)	(Stete)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURI While Not we et work et wo	vhile	If. HOW DID INJURY OCC	CUR?		Ta.	25	
22. I hereby certify that I attended the	deceased from	my-	1- 1956 , to	2 - 8, 19.5	C., that I	last sav	the dec	eased
alive on	and that death o	ccurred at	.bA.M. from the	causes and on the	date state	d above	9.	
GIGNATURE H. SIMMU	Hiloll	M.D.	Sprin	Mill Laft	vn, stele	perfe	ATR BIO	8/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CE	METERY OR	DEMATORY 0	LOCATION (City, tow	n, or county)	n (S)	(ate)
Burial 2-11-1	56 offer	ingfe	1 25 FUNERAL DIRECTOR	Confle	erlle.	ADDRESS	ny.	
DATE 2-10-56 C. Har	ry well	J'	Sullie Al. 9	Hught-Q	linke	such	le, 5	ml.
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ESS. CERTIFICATE OF DEATH

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HARLAND, 175 SAMERIC ST. SAMERY TO THE PROPERTY.

BUREAU V. S.

SCHOOL DIED WHIN

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BECENTED

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ithin 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/\$5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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		16	36	CERTIFIC	AI	E OF DEAL	H		Reg. Dis	st. No.	1	4
1.	PLACE OF DEATH a. COUNTY	9.9	3-9-	MARYLAND	2.	USUAL RESIDENCE (V	Where decease	d lived. If institution b. COUNTY				sion)
H	Carro			,			rland		Mont			
X	b. CITY OR TOWN (If RURAL and give nec	aresi tawn)	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I	f autside carpo	prate limits, write R	URAL and	give nea	rest tow	n)
R	ural - Syke			7 days		Gaither	sburg		15 x	-2.		1
14	d. NAME OF HOSPITA		2.19.36			d. STREET ADDRESS				1	ON /	SIDENCE A FARM?
	Springfield											NO 🔀
3.	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Man	th	Day		Year
L	(Type ar print)		DRENZ	- 2001	1	FINK	DEATH	2		27		19 56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Haurs	ER 24 HRS
L	Male	W	WIDOW	76.		9/2/81		74 yrs.		Juj.	110013	Will.
10	during most of working	N (Give kind af wark ng life, even if retired	1	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Sta	ile ar fareign c	auntry)	12. CIT	IZEN O	F WHAT	COUNTR
	Laborer		N	ursery		Virgini	a		U	SA		
13	FATHER'S NAME					4. MOTHER'S MAIDEN					-	
	Mica	el Fink]	Martha Cu	ıllers	Fink				
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFO	RMANT		Adde	ress			
10	No No (II	f yes, give war or dates of s	service)	Tirel 1	Reci	ord. Sprin	ofield.	State Ho	and to	7		
-	18 CAUSE OF DEAT	H [Fater only one or	use per lis	ne for (a), (b), and (c).]		orde oprin	RTTOTA	prace no	ohres		DVAL DE	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:			3-3		33					DEATH
	111/2 x	IMMEDIATE CAUSE (pertensive car	rat	ovascular	<u>alseas</u>	9		ye.	ars	
	4401	DUE TO		nomeldmed and						172		
	Conditions, if an gave rise to im)	neralized arte	3rl	oscierosis				∀ €	ars	
	catse (a), stating th)									
_	lying cause last.) (c										
é	PART II. OTHE			CONTRIBUTING TO DEATH BU					EN IN PART	T 1(a) 15	PERFC	AUTOPSY DRMED?
2		Chr	onic	brain syndron	18 8	associated	with p	sychosis			YES [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature af injury i	n Part I ar Par	t II af item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. It	UURY OCCURRED 20e. F	LACE	OF INJURY (Home, fo	rm, 20f. (City	or town)	(0	aunty)		(State)
AED	Haur a.m.	19	While at worl		actory.	, street, affice bldg., e	etc.)					
1				9/76		19 56 to	2/22	۲6				
	21. I certify the	100	deceas	4					.,that 1 l			
	alive on	/22	, 12_/	56, and that deat	h oc	curred at 1:50				ne dat		
	ACTUAL SA	mes al	1 4	usthan				treet, city or town.	state)		D	ATE SIGN
	SIGNATURE	mund	~	.annac	M.D.	- <u>5</u>	ykesvil	le, Mary	land		2/	22/5
	PHYSICIAN'S Edi	mund Lusth	aus									
22	BURIAL, CREMATION	2/25/56		St. Luke	OR CE	EMATORY emetery	Red]	Land, Md	or county)		(Stat	e)
23	FUNERAL DIRECTOR'S		- 1	ADDRESS		4.4 101. 00	C'D 8Y REGIST		TRAR'S SIC	CHIATHE	£	
13	Francis	9/02	-1	1		////	1 40	Z40. REGIS	AL - C	MAIUK	. /	,
	Manas	A 12	anve	1, Joycons	rel	LLL DATE	2-68-5	X6 6. 0	tille	12	alle	w

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BUREAU V. E	n teeralesak n teeralesak n teeralesak n di te hada indasen n a tura rean kanasi		
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VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1616 • 1637 CERTIFICATE OF DEATH Reg. Dist. No. 744

1627	CERTIFICATE	OF	DEATH

2001		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CARROLL MARYLAND	STATE MAYMANA COUNTY HULL	gary.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nesrest town)
OR and give nearest town) (in this place)	TOWN Frostburg	01-22-2
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STRUCTURE OF THE STREET ADDRESS 1/03/2/4	ADDRESS	
1700/27/	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Edith	13 El OF DEATH: 2-	12- 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
Hemall white (Specify): Will - 71	phil 1902 53 yrs. Months 1	Days Hours Min.
work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): none Your	Maryening	4.5.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Patrick Fingel	The Burkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Stoperful records	
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A)	10 to cening	welks.
DUE TO	0.1	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	Wortal agranere	mesks.
GIVING RISE TO THE ABOVE CAUSE DUE TO		10001
STATING UNDERLYING CAUSE LAST.	<i>\(\lambda\)</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FIREMAN	re of less fecurity.	2 mo 19 day.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	which delion hebephrein to	D 3114
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
o de la companya della companya dell		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	ctory, 21c. WHERE DID (City or town) (Coun	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	of Spring state	Obspiler Md.
21D. TIME (Month) (Day) (Year) (Hour) 21E NJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR? FELL	1 1 1 1
1, 24,55 M. at work at work	muning across the Ala	sy-hell
22. I hereby certify that I attended the deceased from 11-2.	5., 1955, to 2/ - 12., 1956, that I las	t'saw the deceased
alive on 2 - //-, 19 No, and that death occurred at	8 .M. from the causes and on the date	
SIGNATURE Of Consideration of the state of t	ADDRESS OF HALL HALL DA	TE SIGNED
I V V V V I V V V V V V V V V V V V V V	A.D. SWINGSHIN VINE OUTSON	n1 /1/56.
23' BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OF OREMATORY LOCATION (City, town o	r county) (State)
Burlay 2-15-56 ST Pain	leks (sumbulas	9 7111
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUBEAU V. E.

FEB 12 1956

BECEINED

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1638 CERTIFICATE OF DEATH

01617

		ワカ
Reg.	Dist.	No.

			INGE (HOME) OF DE	CEASED	
COUNTY Carroll City (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE Mary		Carroll	
OR and give naarest town)	(In this place)	OR	porate limits, writa RURAL end	give neerest town)	
X TOWN Rural Taneytown	Life	town Rura	1 Taneytown		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(if rurel give	location)	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	n) (Day)	(Year)
(Type or Print)	Walder	W	OF DEATH _{TO - 1-}	3.0	2001
5. SEX 6. COLOR OR 7. SINGLE, A	Motter	Forney E OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	19 56 IF UNDER 24 HRS.
RACE WIDOWEL (Specify)), DIVORCED,	14. 1883	the state of the s	Months Deys	Hours Min.
dona during most of working life, even If	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN COUNT	OF WHAT
	n Farm	Maryland		U.S	5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME		
James J. Forney		R Elea	nor Stambaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS		
(Yas, no, or unk.) (If Yes, give war or dales of service)	217_12_2000	MA Ma-A	. Wasser	Total Comments of the Comments	
no	18. MEDICAL C		e Forney, Tan		ATY AND
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH				T AND DEATH
332 X IMMEDIATE CAUSE (A) _C	erebral Arte	ry Thrombosi	S	6	weeks
ANTECEDENT CAUSE(S) DUE TO					
	erebral Arte	riosclerosis		. 5	vears
STATING UNDERLYING CAUSE LAST. DUE TO				AL SHEET	
(C)					
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	eneralized A	rteriosclero	sis	5	vears
	NGS OF OPERATION				AUTOPSY?
				YES [□ NO 🔀
	(Home, farm, factory, reet, office bldg., atc.)	21c. WHERE DID INJURY OCC	CUR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCC	CUR?		72-18
М.	at work at work				
22. I hereby certify that I attended the					
alive on Feb. 9 , 19.56 ,	and that death occurred				
SIGNATURE A MACINA			DRESS (Street, city, town,		ATE SIGNED
13.012.16	M.D.	49 Frederick			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY	OK CREMATORY	LOCATION (City, town,	or county)	(Stata)
Burial Feb. 16.	1956 Kevsville	Cemetery	Kevsville.	Carroll. 1	Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	
Treb 15,1956 9The 11	1 Mehren	9 C.O. tuss	How Janey	town mes	yland
	Locall		1	1	

INSTRUCTIONS

13

ATTENDING PHYSICIAN OR HOSPITAL! The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. 2

A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-RAILTEMONT, TO

ISSE CERTIFICATE OF DEATH

COUNTY COUNTY TO THE PROPERTY OF THE PROPERTY

950 L. 1824 L. CARLO CAR

BECEINED

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VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 01618 Reg. Dist. No. 82 -83

	16	39	CERTI	FICAT	E OF DE	ATH			Reg. D	ist. No.	82.	-83
1. PLACE OF DEATH o. COUNTY	Carroll		MARI	rLAND 2	o. STATE Mar	E (Where dece yland			n. Reside		re admiss	sion)
b. CITY OR TOWN (If outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		rporote limits,	write RU	JRAL ond	give nec	arest tow	n)
Rural -Syl	cesville		Life		Rur	alSy	kesvi	11e		X		
	TAL (If not in hospital, g	give street (oddress)		d. STREET ADDR		HE CONTRACTOR			1	e. IS RES	SIDENCE A FARM?
3. NAME OF	Fi		Middle			4. DAT						
(Type or print)	RID	GLEY		GAR	HEART	OF DEA	тн ју	Month	2	26		1956
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		DATE OF BIRTH		9. AGE (In		Months	R I YEAR Days	Hours	ER 24 HRS. Min.
male	white	WIDOWE	DIVORCE	D 🔲	Nov. 24	,1891	64	yrs.	IVIOITIES	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)		12. CI	TIZEN O	F WHAT	COUNTRY
Carpente	r(retired		General		Mar	vland			U	I.S.		
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME	1.0					
	William	I.	Garheart	7	Rache	l A.	Penn					
IS. WAS DECEASED EVE			SOCIAL SECURITY NO	. 17. INFO	RMANT			Addre	ess			
NO	(If yes, give wor or dates of s	ervice)		Guy	R. Gar	heart.	Sv	CAST	vill	e M	d.	
	ATH [Enter only one co	ouse per lir	e for (a), (b), and (c)		21.0 002	11001 0	~		T -11-		ERVAL BE	TWEEN
	TH WAS CAUSED BY:			•	01 - 1					ONS	SET AND	DEATH
	IMMEDIATE CAUSE (d		vocardial	Insui	recreacy						40	hrs
443 X	DUE TO			h	harandain an	3 337-4	a ti on				10	
Conditions, if a	mmediate		yocardial	nyper	crophy an	d dila	ROTOH				10	yrs.
coese (o), stoting	the under-		vpertensiv	70 00 70	dia manan	lan die	100 00				15	7700710
lying couse lost.	HER SIGNIFICANT CON	1						211 0 111				years
CATIC		DITIONS C	ONTRIBUTING TO DE	AIH BUI NO	OT KELATED TO THE	TERMINAL DISE	:ASE CONDITIE	ON GIVE	N IN PA	(1 1(0) 1	PERFO	RMED?
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (Enter noture of inju	ry in Port 1 or	Port II of item	18.)				
20c. TIME OF INJUING Hour o.m.		ar 20d. It	NJURY OCCURRED Not while		OF INJURY (Home y, street, office bld		City or town)		((County)		(State)
p. m.	19	of work	of work									
21. I certify th	nat I attended the	decease	ed from. 194	0	, 19, to	26 Feb	ruary	9 56	that I	last so	w the	deceased
alive on 25_1	February 1	2569	, and that	death o	ccurred atl:							
	Dat		1				(Street, city o					ATE SIGNED
ACTUAL SIGNATURE	24 de	vor	Y '	M.C	Liberty	Road.	Svicesv	ille	P.0	. N	14 2	26.5
BHYCICIANIC	m. H. Laws	on. J	r. M.D.				200320032				De	C. 502 F.2
220. BURIAL, CREMATIC			22c. NAME OF CEM	ETERY OF	GSAMPINEY	22d, 10	CATION (City,	lown o	county)		(Stot	(a)
REMOVAL (Specify	2-29-1		Brand					~	Mar	vle	-	~,
23_FUNERAL DIRECTOR		1,0	ADDRESS	onour		REC'D BY REC			TRAR'S SI	<u> </u>		
////	1124	Win	field, Ma	מ לזנים		TE Febra 29		5	24.4	12 1	1/	the
V 1/1 1/V	alle	MITTI	TIGITA ME	атута	TITAL DA	TE 74/7 2	7-10/11	MH	11/1	11. 6	YUL	M.

THE STATE OF THE SECURISION . . THE REPORT OF THE PARTY OF THE Transfer I To me Fills . Dept. D BUREAU V. S. . 3961 S 8AM remore a project that the property of the later and the la

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1640 CERTIFICATE OF DEATH

COUNTY				A. GOOKE KEDIDEIK	CE (HOME) OF DECEASED	<i>'</i>
	Carroll	MARYL	AND	STATE Maryla	ind county Ca	rroll
CITY (If outs OR end gi TOWN Y	ide corporele limits, write RUR.	Inster LENGTH O		O.D.	to limits, write RURAL end give near Westminster	est town)
HOSPITAL OR INSTITUTION O STREET ADDRE	Glover's	Nursing Hom	е	STREET ADDRESS R 4	(If rural give location) Reese	1
3. NAME OF DECEASE! (Type or Print)	(First) Ida	(Middla)	Gre	(Last) en	4. DATE (Month) OF DEATH Feb.	(Dey) (Year 11 5
5. SEX Female	6. COLOR OR 7. White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF	BIRTH 9 , 1,869 1860	95 yrs. IF UNDER	1 YEAR IF UNDER :
done during r	PATION (Giva kind of work nost of working life, even if USE WORK	or industry at home		II. BIRTHPLACE (State or foreign Carroll Coun	n country) 12.	CITIZEN OF WHA
13. FATHER'S NA				14. MOTHER'S MAIDEN N		
	John Gr				y Evans	
(Yas, no, or unk.)	D EVER IN U. S. ARMED FO (If Yes, give wer or detas of		URITY NO.	- Mrs. John	L. Magee Wes	tminster
I DISEASES OR C	ONDITIONS DIRECTLY LEADIN	NG TO DEATH	seuloy	Ace Dent		ONSET AND DE
DISEASES OR CO GIVING RISE TO STATING UNDERLY	CEDENT CAUSE(S) NDITIONS, IF ANY, (B) THE ABOVE CAUSE (ING CAUSE LAST. (C)	TO HOPPEREN	sino fr	Piscore	Brebro VASENCA	yes
TO THE DEATH	ANT CONDITIONS CONTRIBUTION RELATED TO THE NDITION CAUSING DEATH	TING				
19a, DATE OF OPI	RATION 196. MA	JOR FINDINGS OF OPERATION	N			20. AUTOPS
OR CONTRIBUTING	AS UNDERLYING 216 CAUSE OF DEATH OF MEDICAL EXAMINER)	PLACE (Homa, ferm, fector INJURY street, office bldg., etc	y, 2	Ic. WHERE DID INJURY OCCUR	? (City or town) (Count	
21d. TIME OF INJU	RY (Month) (Day) (Yeer)	Whila No	URRED 2	TH. HOW DID INJURY OCCUR	?	
22. I hereby		ed the deceased from		19.5, to2/	suses and on the date stated ESS (Street, city, town, state)	last saw the dec

PARTURAL PROPERTY OF HEALTH-PARTUROLS, 18

PERCERTIFICATE OF DEATH

Torrand we are the second of t

BUREAU V. &

FEB 16 1956

BECEINED

this this

72 hours after death. After director, the third copy of

registrar within by the funeral

with the filled in

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01620

CERTIFICATE OF DEATH 1641

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
county Carroll	IARYLAND	STATE MARY	and county	Carroll	
CITY (If outside corporate limits, write RURAL LE	NGTH OF STAY	CITY (If outside corpor			
X TOWN rural - Sykesville I	(in this place)	OR	1Sykesv		/
HOSPITAL OR		STREET		ve location)	<u> </u>
INSTITUTION OR STREET ADDRESS		ADDRESS	Gist		/
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mor	nth) (Day)	(Year)
(Type or Print) DAVID G.	GRI	MES	DEATH	FEB. 1	10. 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED,	B. DATE	OF BIRTH S	AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 H
male white Specificarrie	o. 9-3	0-1870	85 yrs.	Months Days	Hours Min
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF	BUSINESS	11. BIRTHPLACE (State or foraig	n country)	12. CITIZI	EN OF WHAT
done during most of working life, even If OR INDU:		Maryland		cou	NTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN N	IA ME	- 0	
George W. Grin	nes		Bellison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	one	Mrs. Kath	erine Gri	mas San	ne
	B. MEDICAL CE		OR ALLO GLZ		ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	of manyona or				SET AND DEATH
444 IMMEDIATE CAUSE (A)	anline C	velans - ac	1.1.	7	4hrs
ANTECEDENT CAUSE(S) DUE TO			1	A -	
DISEASES OR CONDITIONS, IF ANY. (B)	sive cordin	· Vascular duren	with auten:	Oscienti S	2-404N
GIVING RISE TO THE ABOVE CAUSE DUE TO): ty ~ ~	· la ~ l			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4. 4 1361	ile changes			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OF	PERATION				O. AUTOPSY?
The state of the s	2			YES	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b		21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJUR	Y OCCURRED 1	21f. HOW DID INJURY OCCUR	?		
M. et work	Nol while et work		The Capper of the		
		1/2 #	1 -1		
22. I hereby certify that lattended the deceased	rom , /23	0 . 1 5 To	, 1926	, that I last sa	w the decease
alive on 10 Feb., 1956, and that	death occurred a				ve.
SIGNATURE		ADDR	ESS (Street, city, tow	rn _c státa)	DATE SIGNE
(Allawsm)	M.D. 27	hely 11 - Clour	Mrs. Syles	ville P.O. We	2/10/5
23. BURIAL, CREMATION, DATE THEREOF NA	ME OF CEMETERY-OF	CREMITORY	LOCATION (City, low	n, or county)	(Stata)
BURIAL 2-13-1956	Bethesda		Carroll	Co Man	fro fr
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Decliesas	25. FUNERAL DIRECTOR'S	Carroll	Co. Mary	
7. 112 1851 DILED	11 :14				
DATE 405, 13, 1900 1001411 11.	MOINTAN	C. M. Walt	Z. Winile	sid. Mar	ATaua

MARYLAND STATE DEPARTMENT OF HEALTH-DARTMADEL IS

CERTIFICATE OF DEATH

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LEB 16 1926

BUREAU V. E.

1			Item 5, FilmGle 3 3-7-50 et OF DEATH CERTIFICATE OF DEATH Reg. Dist. No.
Page 4 director, iled with		1.	PLACE OF DEATH D. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. STATE Maryland Maryland Carroll
erol be f	1	1.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) RURAL and give rearest town) Rural. Nr. Taneytown. Md. Life Rural. nr. Taneytown. Md.
rs after de yy the fun 2 should	2	70	Hural, Nr. Taneytown, Md. Life Rural, nr. Taneytown, Md. X d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION Union Bridge, Md. R-1 District ON A FARM? VES NO. VES VES NO.
24 have		3.	NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH 2/25/56 19
d within stelly fi		5. 5	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MATE Widowed Divorced 17. Married Never Married 18. Date Of Birth 3/25/1882 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months) Days Hours Min.
executed and company of paper of the paper o	1		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OUSEWORK, Housewife Her own home Carroll Co., Md. 12. CITIZEN OF WHAT COUNTRY: U.S.A.
rificate be obysicion ar move carbo		13.	FATHER'S NAME Matthew Harner I.ydia Ann Brown
ing phy	0		WAS DECEASED EVER IN U. S. ARMED-FORCES? 16. SOCIAL SECURITY NO. No. No. No. No. No. No. No.
requires that the deat on. signed by the attence is permit. Then plea			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (c)
and the low and the low and the burial-tran	0	CERTIFICATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II
PHYSICI r otte nis certifi use as t		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. n. P. m. 19 20d. INJURY OCCURRED While at wark
TOR: After detached for buriel, or			21. I certify that I attended the deceased from
FAL OR A etained b AL DIRECTOR POULD be			ACTUAL SIGNATURE OF THE PROPERTY OF THE PROPER
HOSPIT may be r FUNER, page 3 sh		220	BURIAL CREMATION, 226-DATE THEREOF 2/28/56 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 226-DATE THEREOF 2/28/56 Grace Reformed Cemetery Taneytown, Carroll Co., Md.
VS A15 (4) 15M 9/55		23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR PAB. REGISTRAR SIGNATURE DATE 1 DATE
	6	10	ex R. A. Little - Partner 1996 Mrs. Margaret England

AND STATE DEPARTMENT OF HEALTH-BAUMMONE, 18

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	THE PARTY OF THE PARTY OF	
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	MINISTER OF STREET	ASSESSMENT TO THE PROPERTY OF
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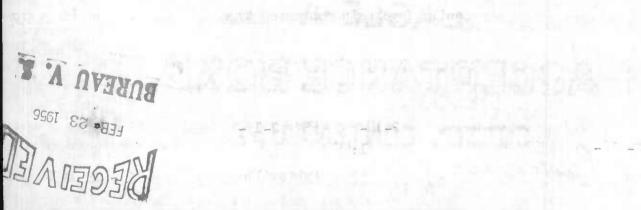
item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every

01622 MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE

#ACTEAND ST	CERTIFICATI	TOF HEALT		,	74
703.9				Reg. Dist.	No
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
COUNTY Carroll	MARYLAND	STATE Mo-	COUNTY	Freder	rick
CITY (If outside corporate limits, write RIOR and give nearest town)	URAL LENGTH OF STAY (in this place)	CITY(If outside	country or porate limits, write	te RURAL and	give nearest town)
X TOWN Sykesville	18y10m 7d	TOWN _	lerick	10-	11-2
HOSPITAL OR		STREET	(If rural gi	ve location)	
STREET ADDRESS Springfield	State Hospital	ADDRESS			1
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Mo	nth) (Da	y) (Year)
(Type or Print) Katherine	Hard	ev	OF DEATH: 2	79	1956
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	D DIVORCED	OF BIRTH:	9. AGE last birthday		R IF UNDER 24 HRS.
F W (Specify):	single 8-29-	-1869	86 yrs.	Months Day	s Hours Min.
OA. USUAL OCCUPATION (Give kind of 108	. KIND OF BUSINESS OR INDUSTRY:		(State or foreign cour	try): 12. C	TIZEN OF WHAT
even if retired): none	none	Maryland		U-S	S.A.
13. FATHER'S NAME:		14. MOTHER'S M	IAIDEN NAME:		
Dr. Thos. E. Hardey		Katherine	Wiener		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)	unk	Hospital Reg	nomin		
	8. MEDICAL CERTIFICAT		orus	1.	NTERVAL BETWEEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(A) Carcinoma of	f Breast with	n metastaces		2 years 4
STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CO	(C) NTRIBUTING				
TO THE DEATH BUT NOT RELATED TO T	HE		* August		10
DISEASE OR CONDITION CAUSING DE	FINDINGS OF OPERATION		rype		ca 40 years
O Table of OPERATION.	FINDINGS OF OPERATION				YES NO T
21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCU	DID (City or town) JR?	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID	INJURY OCCUR?		
22. I hereby certify that I attended the	deceased from 2-18-	, 1955, to 2-	19, 1956, t	hat I last s	aw the deceased
alive on 2-18-0., 1956, and SIGNATURE	. ^	ADDRES	58	DATE	SIGNED
23. BURIAL, CRÉMATION, DATE THEREO REMOVAL (SPECIFY) 2-22-5	6 mt. Clive	ERY OR CREMATOR		ty, town, or e	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR 56 C. Har		C. E. Clin	ex Son -	I rea	enik.ml



Taken a six a first a second

against the and engaged the pure factors to be according to the contemporary of the co

24 hours after death.

executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01623

CERTIFICATE OF DEATH 1644

1. PLACE OF DEATH		I 2. USUAL RESI	DENCE (HOME) OF DECEAS	ED
CAPDOTT		CTATE Mary	rl and	
COUNTY	MARYLAND	SIMIL	COOMIT	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	(in this_plece)	OR	corporate limits, write RURAL end give n	
X TOWN Rural - Sykesville	16 days	TOWN Balt	imore-2	3V01-4
HOSPITAL OR		STREET ADDRESS	(If rural give locatio	n)
15 STREET ADDRESS Springfield State	Hospital		19 Hope Street	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
	LEN	HARVEY	OF DEATH 2	17 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	IED, B. DATE	OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
Female W (SpecifySep	arated 5/3	31/75	80 yrs. Months	Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kt	ND OF BUSINESS	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
std\	RINDUSTRY	Maryland		COUNTRY? USA
13. FATHER'S NAME	home	14. MOTHER'S MAIL	SPAI MANUE	ODA
Patrick McNally			ary McKivitt	
	6. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	none	Recor	rd, Springfield St	ate Hospital
T DISTANCE OR COMPINIONS DIRECTLY ITABILIO TO DEATH	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
4/6 X IMMEDIATE CAUSE (A) Chr	onic Rheumati	c Heart Disea	ase	years
ANTECEDENT CAUSE(S) DUE TO	0.17	7 01 7		21.
GIVING PISE TO THE ABOVE CALISE	arction of the	e Tert Tung		1 week
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Char	onia broin ar	odnovo opeoo	lated with senile	
TO THE DEATH BUT NOT KELATED TO THE				years
DISEASE OR CONDITION CAUSING DEATH. DT	ain disease. 1	APLT IN MARKET STATE	LC reaction	20. AUTOPSY?
The ball of orthanol	OI OFTENATION			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,		21c. WHERE DID INJURY O	CCUR? (City or town) (Co	ounty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)			
	INJURY OCCURRED	21f. HOW DID INJURY O	CCUR?	
M. at v	ile Not while twork the			
22. I hereby certify that I attended the dece	ased from 1/31	1956 to	2/17 1956 that	I last saw the deceased
			he causes and on the date sta	
SIGNATURE	I mai deam occurred a		DDRESS (Street, city, town, stete)	DATE SIGNED
Walther H. Somme	Weldlin.o.	Sykesy	ille, Maryland	2/17/56
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	L'OCATION (City, town, or cou	nty) (State)
Burial 2/20/56	/ New Cathe	edral Cemet	tery Baltimore	, Marylar
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	_	25. FUNERAL DIRECTO		ADDRESS
Fel. 18 19.57 0 1/20	tes 71/201	Was for I	& 1217 St.	D-117 Gt-1
DATE 11-10, 1906 (CHAN)	y week	11/13. GOVYE	· / KC , TCT/ DO.	Paul Street

MARYLAND STATE PERAPTMENT OF HEALTH-BALLIMONE, 18

HTASE OF DEATH

TEXT THE CONTRACT OF THE CONTR

BUREAU V. E.

LEB 53 1820



Maryland

A STREET ADDRESS

CERTIFICATE OF DEATH 1645

c. LENGTH OF STAY IN 16

15 days

MARYLAND

b. COUNTY

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Baltimore

TE OF DEATH	Reg. Dist. No. 74	,
2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admirsion)

U		
sician and campingly filled in by the funeral director,	Pages 1 and 2 should be filed with	M
cample ely fil		
sician and	re carban papers.	I

1. PLACE OF DEATH a. COUNTY

Carroll

b. CITY OR TOWN (If autside carporate limits, write

RURAL and give nearest town)
Rural - Sykesville

that the death certificate be executed within 24 hours after death. Page

gned by the attending physpermit. Then please remaning any event within 72 hays may be retained by the haspity ditending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 should be detached far use as the burial-transit permithe registrar prior to burial, cremation, ar remayal, and in an

TO HOSPITAL OR VS A15 (4) 1SM 9/S5

/5 Springfield State Hospital	828 N. Linwood Avenue, Balto.	ON A FARM? YES NO NO
3. NAME OF First Middle DECEASED (Type or print) MARGARET	HIDDEN 4. DATE Month Day DEATH 2 2	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Days birthdoy) Months Days	F UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INI during most af working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Maryland	WHAT COUNTR
13. FATHER'S NAME Fred Miller	14. MOTHER'S MAIDEN NAME Martha	
	Record, Springfield State Hospital	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral pneur DUE TO	ONSE	VAL BETWEEN T AND DEATH
	ic cardiovascular disease	rears
Chronic brain syndrome due to cereb	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 bral arteriosclerosis, with psychosis JRRED. (Enter nature of injury in Port 1 or Part 11 of item 18.)	DEDECODATEDO
	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or lawn) (County)	(Stote)
actual SIGNATURE Educind Lusthan	ath occurred at 10:26A.M., from the causes and on the date ADDRESS (Street, city at town, state) Sykesville, Maryland	
PHYSICIAN'S Edmund Lusthaus 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	RY OR CKEN ASSAY 22d. LOCATION (City, town, or caunty)	
122C, NAME OF CEMEJER		(Stote)
REMOVAL (Specify) 2-25-56 Officers 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	(State)

CEVINECATE OF DEATH.

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Continued to Starte Hearthard

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Children (1911) And the control of the property of the control of

TVA CATE RESIDENCE LINE CONTROL OF

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1920 I 1920

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executed within

CERTIFICATE OF DEATH

1646

Reg. Dist. No. 7.4

	1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DI	ECEASED	
	COUNTY CARROLL M	ARYLAND	STATE Marylan		WAshing	
		IGTH OF STAY in this place)	CITY (It outside corpora OR	te limits, write RURAL a	nd give neerest town)
	V TOWN	, 7M, 2 days	TOWN	Hagerstown	4	214-2
	HOSPITAL OR	و الله د برعام	STREET	(If rural giv	re location)	
	15 STREET ADDRESS Springfield State Ho:	enital	ADDRESS			
	3. NAME OF (First) (Middle)		.est)	4. DATE (Mon	nth) (Dey)	(Yeer)
Н	DECEASED			OF DEATH		
	VIIION		HOOVER		2 3	19 56 LIF UNDER 24 HRS.
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF B		AGE lest birthdey	Months Deys	Hours Min.
	F W (Specify) Marrie	ed 11/	21/69	86 yrs.		
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUS	JUSINESS 11.	BIRTHPLACE (State or foreign	country)		NOF WHAT
1	retired) housewife Own He		MARYLAND		USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	Eyhram Hammersla		Mary A	nn Rowlan	nd	
		AL SECURITY NO.	17. INFORMANT & AD	DRESS		
13	(Yes, no, or unk.) (If Yes, give wer or detes of service)	one	John A.H	oover		
	18	B. MEDICAL CERTI		× // //		ERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ON	SET AND DEATH
	MANUELIATE CAUSE (A) Pulmonar	ry Embolism			d	ays
Н	ANTECEDENT CAUSE(S) DUE TO	0 131			791	nlen ar en
		sis of lifac	vein, right		- u	nknown
	STATING UNDERLYING CAUSE LAST. DUE TO					
	TT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			7 *	2.12	
	TO THE DEATH BUT NOT RELATED TO THE	ociated with	senile brain	disease,	with	3 years /
	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP				2	O. AUTOPSY?
a.					YES	NO 🗌
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY While	Y OCCURRED 21f.	HOW DID INJURY OCCURT		28101	AC SOL
	M. et work	et work		The second second	CF 34, Q. L. L. L.	41 - 5
	22. I hereby certify that I attended the deceased for	rom 1/16/56	., 19, to	2/3/ 19.56	, that I last sa	w the deceased
	alive on 2/3 , 19 56 , and that	death occurred at 8	:20A.M. from the ca	uses and on the o	date stated above	re.
¥	// SIGNATURE _ P / 10 AD		ADDR	ESS (Street, city, tow	n, stete)	DATE SIGNED
5 10	Walther M. Jenneylas	M.D.	Syrle	esville M	hae fame	2/3/56
1-5	23. BURIAL, CREMATION, DATE THEREOF NA	ME OF CEMETERY OR CRI	EMATORY	esville, Marion (City, town	n, or county)	(State)
A15C 1-55 10M	REMOVAL (SPECIFY) Surial Feb. 6/56	Rose Hill	Cemetery			
VS V	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S	IGNATURE	town Mar	y Land.
	DATE 2-8-56 C. Harren 7	riines A	ndrew K. Cof			

ST RECEIVED STATE DEPARTMENT OF HEALTH-PARTMENT TO

CERTIFICATE OF DEATH

DIVERTIFICATION OF THE PARTY OF

BUREAU K.

23010

12 1029



: 1647

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

70

FOR MEDICAL	EXAMINERS Reg. Dist. No	. 70
I. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	stralle
OR wind nearest town Town and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS furt arang MI - Pa live:	STREET (If rural, give location)	//
3. NAME OF DECEASED (Type or Print) TECKLER, NOBERT	SCHLEY DEATH Jeh.	(Day) (Year)
5. SEX 7, 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Vrs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working its, even if revited) INDUSTRY	WAYNES boro, PA.	COUNTRY A
DAVID A KECKLER	NIARY DENTLER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yee, give war or dates of service)	your Contract	RD IEI
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Aroxorc	arley deserve	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decendant in the said decendant in th	ased dred on the dry stated above, and death in my undetermined ADDRESS Assure - Bestember Med	DATE SIGNED
DATE REC'D BY LOCAL REGISTRARS SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

ASE WRITE TAINLY, WITH UNFADING INK. Supply every item of information carefully. RESERVED FOR BINDING

The correct

VS. A15A

BUREAU V. S.

SECENAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1645	CERTIFI	CATE	OF	TOTA	TH
# P3 / L		U A III		-1 -1 -1 -1 -1 -1 -1 -1	

. Th		. 1648 CERTIFICATE OF DEATH Reg. Dist. No. 24
carefully	regiony.	1. PLACE OF DEATH: COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY COUNTY
ion ca	aila ie	CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN Dalkings 3101-4
item of information	or death clearly and	HOSPITAL OR MAN & Field Hall INSTITUTION OR HOSPITAL STREET ADDRESS H. Preston for.
of in	ะส เน ธ	3. NAME OF DECEASED: (Type or Print) ELIJABETH (Middle) (Last) (Last) (Last) (DATE (Month) (Day) (Year) OF DEATH: 2-/> 19-6
		5. SEX: 6. COLOR OR RACE: WIDOWED DIVORCED, (Specify) Millian 10 - 13 - 1868 9. AGE lost birthday IF UNDER 1 YEAR HOURS Min.
NG y every	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WTALL PARTY: 10B. KIND OF BUSINESS 11. BERTHPLACE (State or Greign country): 12. CITIZEN OF WHAT COUNTRY? 13. COUNTRY? 14. COUNTRY? 14. COUNTRY? 15. COUNTRY? 15. COUNTRY? 16. COUN
BINDIN	ne rue	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME: 15. Pather'S MAIDEN NAME: 16. MOTHER'S MAIDEN NAME: 17. MOTHER'S MAIDEN NAME: 18. MOTHER'S MAIDEN NAME: 18. MOTHER'S MAIDEN NAME: 18. MOTHER'S MAIDEN NAME: 18. MOTHER'S MAIDEN NAME: 19. MOTHER'S MAIDEN NAME:
K K	se write	18. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or link.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: WARDOW HARDOW HOSPITAL FLOORISM
VED	is: piease	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 527. IMMEDIATE CAUSE (A) Bronchopmumawa feu dae
N RESERV H UNFADI	r nysicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO Pulmulary emplyieura Due To Due To
9		STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ()
M.	important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
		19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
7	especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State)
	is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
IU-53 TYPE OI	orrect age	22. I hereby certify that I attended the deceased from 2, 19 7, to 2, 19 6, that I last saw the deceased alive on 2, 19 7, and that death occurred at PM, from the causes and on the date stated above. SIGNATURE AND CONTROL MADDRESS M. D. C. PROPYKEWYCZ. 2, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7, 19 7.6, that I last saw the deceased from 2, 19 7.7,
PLEASE	00	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State REMOVAL (SPECITY) 2-20-36 Western Cem. BALLE (EM
PL PL		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 24. FUMERAL DIRECTOR ADDRESS + OOK 1/1 St Paul ST



BUREAU V. L.

V//	1049 CERTIFICATE OF DEA	Reg. Dist. No	. / //
X	O. COUNTY O. STATE	(Where deceased lived. If institution: Residence before b. COUNTY	are admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN	(If outside corporate limits, write RURAL and give ne	arest town)
1 1	Rural - Syke sville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRES d. STREET ADDRES	ate Line, Penna.	e. IS RESIDENCE
1	Springfield State Hospital	.a	ON A FARM?
	NAME OF First Middle Last	4. DATE Month Do	y Year
	OECEASED (Type or print) Charles Victor LARRICK.	Sr DEATH 32 2 2	7 19 56
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF UNDER 24 HRS.
	Male W WIDOWED DIVORCED 1 8/25/8		Hours Min.
/ 10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster Postmaster Virgi		OF WHAT COUNTRY?
13	I. FATHER'S NAME 14. MOTHER'S MAID	EN NAME	
	James S. Larrick A. Cor	melia Larrick	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (et. no. or unkgown) (If yes, give wor or dotes of service) That	Address ngfield State Hospital, S	ykesville
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia	ON	ERVAL BETWEEN SET AND DEATH EATS
	Conditions, if any, which gave rise to immediate (b) Infarctive myocardial fibro	osis	lears
	lying cause lost. Coronary and generalized are coronary are coronary and generalized are coronary are coronary and generalized are coronary are coronar		Cears
2 NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T		PERFORMED?
-			YES 🔣 NO 🗌
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury of contributing 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury of contribution)	y in ran I or ran II or item is.,	
MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Nat while of work at wark 19 20e. PLACE OF INJURY (Home, factory, street, office bldg.		(State)
	21. I certify that I attended the deceased fram 2/25 , 156, to		
	alive an 2/27, 19 56, and that death accurred at 8:0	AM, fram the causes and an the da ADDRESS (Street, city or lown, state)	ite stated abave
	SIGNATURE VIELEN H. JOMMMSelel M.D.	Sykesville, Maryland	2/27/56
	PHYSICIAN'S NAME (Type) Walther H. Sonnenfeldt, M. D.		
la company	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or caunty)	(State)
22	PREMOVAL (Specify) March 1/36 Salem Com	near le cartier	L ma
4	"march / 36 Salem lam	REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

01629

DEATH	TOUR CERTIFICATE OF
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deires diner.	abine a said
The solution is a series Kinth of the	THE RESERVE AND THE PROPERTY OF THE PARTY OF
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and the state of the break and	
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

20	MARYLAND STATE DEPARTMENT OF HEALTH	
to co	CERTIFICATE OF DEATH	77
Corre	1650 FOR MEDICAL EXAMINERS Reg. Dist. No.	
. The	1. PLACE OF DEATH. COUNTY COUNTY (MARYLAND STATE MALY LEVEL COUNTY COUNTY (COUNTY COUNTY COUN	runel
fully fibly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	nearest town)
n care	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	7
of information carefully death clearly and legibly.	3. NAME OF DECEASED (First) PAY - FLLWOUD - LEISTER 4. DATE OF DEATH FLEE	(Day) (Year) 78 1916
infor ith cle	MIDOWED DYORCED, May 5-1900 J-5 yrs. Months	Days Hours Min.
of dea	done during most of working life, even if retired) INDUSTRY OLEM AUSTRILLE ME	COUNTRY OF WHAT
every item he causes of d	abraham Leister Belinda Aprenfile	_
23	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of 218-09-2753 Murical Lensley 1 Hamph	sterd Mil
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
INK. please	Immediate cause (a) Stret Gun Womel of fare heard	Instruteurs
ring: p	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	2700
WITH UNFADING nportant. Physicians:	stating the underlying cause last	
Phy	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
Dr.	related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
TH	THE DATE OF OFERALION 188. MAJOR PROPERTY OF OFERALION	Yes No 🕒
- 100	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY For CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. (CITY OR TOWN) (COUNTY)	(STATE)
'LAINLY especially	CAUSE OF DEATH. INJURY INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while INJURY Work at work INJURY	region
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry I thereon and obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my	from the evidence
RIT	from: natural causes [] accident [], suicide [], homicide [], undetermined []. SIGNATURE Pegree or title) ADDRESS The first firs	DATE SIGNED
	23. BURIAN CREMATION DAY'E THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count REMOVAL (Specify)	y) (Staye)
PLEASE	DATE RECOD BY LOCAL REGISTRAR'S SIGNATURE -24 FUNERAL DIRECTOR	ADDRESS
-	- 1911 6 / perry tells low & Sychattan	upslead

NIARGIN RESERVED FOR BINDING

BUREAU V. L.

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BECEINED

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1651

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~	_	-			1

	01031	
	1/	
Reg.	Dist. No.	

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED
county Carroll	MARYLAND	STATE _ Md.	COUNTY (Carroll
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		ate limits, write RURAL and	give neerest town)
OR end give neerest town) X TOWN Lineboro	(in this place)	OR TOWN T. 120	boro. Md.	No.
HOSPITAL OR	L	STREET	(If rure) give	location)
INSTITUTION OF	283	ADDRESS		(See Holl)
STREET ADDRESS Lineboro	, Ma.	Line	boro, Md.	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	
(Type or Print) John	Lichtfuss Sr.		DEATH BO	b. 24/56 19
S. SEX 6. COLOR OR 7. SINGLE, /	MARRIED, 8. DATE	OF BIRTH 9		IF UNDER 1 YEAR IF UNDER 24 HR
RACE WIDOWE (Specify)	married Mar.	20.1901	5.4 yrs. ^	Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b	, KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	07	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	The Birth exce (siere of level)	n country;	COUNTRY?
retired) Gen.Store	Own	Hungary	r	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Egidius Lich	tfuss	Unkno	Wn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	17. INFORMANT & A		2.7
(Yes, no, or unk.) (If Yes, give wer or detes of service)		75mm T37 6	1-45 T4-54	Md.
			beth Licht	fuss, Lineboro
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Pro Co Also		- D117		
3 8 IMMEDIATE CAUSE (A) A	.CUTE Hepatiti	s Possible	Carcinom	a 6 month
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Peptic Ulcer	T-11-12-12-12-12-12-12-12-12-12-12-12-12-		10 yr
(C)	Histoplasm	osis Lung		5
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.) yrs
	INGS OF OPERATION			20. AUTOPSY?
				YES NO
	(Home, ferm, fectory, treet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?	
м.	While at work D			
		۲۵		VIII II
22. I hereby certify that I attended the				
alive on 2/23/ , 19.56	and that death occurred a	at5.2.50 PM, from the ca	uses and on the dat	e stated above.
SIGNATURE	1	23 North Ma	ESS (Street, city, town,	state) DATE SIGNED
W. H. T. oar	d M.D.	-5 1101 011 1101	TID OF PROTIC	2/23/56
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town,	or county) (State)
Burial Feb. 28/56	Glen Hav	en .	Glen Bur	mie Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR'S	IGNATURE /	ADDRESS
DATES 27 1956 Mrs 7	Asterner!	Haruffill	itele	Edmondson Ave

THE CERTIFICATE OF DEATH

Da osesomia - DI erocesin . The compact for the second COMMERCE . Description

Company to the Company of the Compan

AND THE RESERVE OF THE PARTY OF - 25 (4) (1) (1) (1) (1)

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1929

BUREAU V. E. BUREAU V. E. BUREAU V. E.

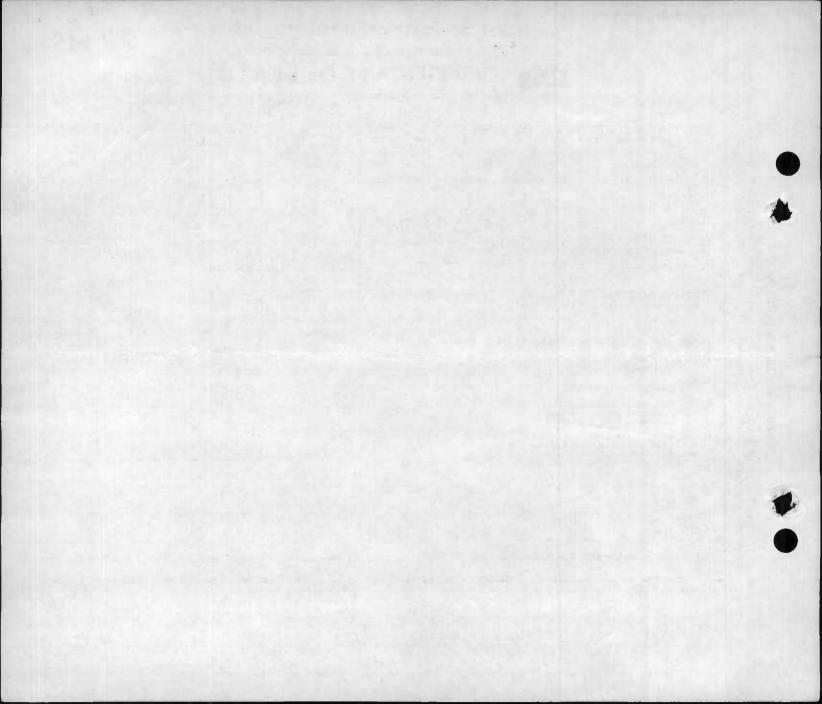
M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1652 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEAT COUNTY	H·	MARYLAND	2. USUAL RESIDENCE (H STATE Maryla	nd count	
OR give neares		(in this place)	TOWN Frizzel	to limits, write RURAL and giburg, Carroll	
HOSPITAL OR INSTITUTION O STREET ADDRE	R Frizzelbu Maryland	rg, Carroll Co	STREET ADDRESS Frizz	(If rural, give location) celburg, Carro.	ll Co. Má.
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Lillie	M	Martin	OF Feb	8 19 56
Female	6. Color or RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIQOW	8. DATE OF BIRTH Apr 2. 1871	9. AGE last birthday If under Months 10	l year If under 24 hrs. Days Hours Min.
done during most of	ATION (Give kind of work criting life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Bachman Valle	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		7 m a m	14. MOTHER'S MAIDEN		
	David Pa			Mary Wea	ver
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of	7 16. SOCIAL SECURITY No.	17. INFORMANT AND		
(204) 204 01 44440 0147	mervice)		Wrs Wm Warner,	Frizzelburg,	Md
I. DISEASES OR CO	e cause (a)		extification (acul) Hype	will (alex)	INTERVAL BETWEEN ONSET AND DEATH
Diseases or	nt cause(s) conditions, if any, (b)	/typutusin			
	o the above cause inderlying cause last				50 00 00 00 00 00 00 00 00 00 00 00 00 0
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.			Port of the construction o
		INDINGS OF OPERATION			20. AUTOPSY?
0					Yes No P
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
	0	deceased from My	- /-	F, 1954, that I last s	saw the deceased
alive on		d that death occurred at (Degree or titie)	ADDRESS m., from the	causes and on the date st	tated above. DATE SIGNED
f	1 6/14	the his	Westernin et	104.	2-9-56
23. BURIAL, CREM REMOVAL (SPA BUT 1 a 1	(2-12-56	Manchester	Luthern Cem	OCATION (City, town, or coun Manchester. N	(State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	David R. M.	ADVRESS /
FIRE 14/1	14.00	1 Tell sich	David R. Mar	tin, 1902 Eute	
				Baltimore	Md.



24b. REGISTRAR'S SIGNATURE C. Harry Weer

240. RECID BY REGISTRAR

DATE

TOOM & ITOM OF AM	. 16	53	CERT	IFICA	TE OF DEAT	Н		Reg. Dist	l. No.	
o. COUNTY Carro	11		MAR	YLAND	2. USUAL RESIDENCE (V o. STATE Marv]		ed lived. If institut b. COUNT		e before ac	lmission)
b. CITY OR TOWN (If outside of RURAL and give nearest town		s, write	LYTE 24	days	c. CITY OR TOWN (IF	autside corp	Retreat			town) 3 101.
d. NAME OF HOSPITAL (If not or INSTITUTION Springfield	in hospital, g	Hosp	address)		d. STREET ADDRESS	3902	Southern		e. 15	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Fin		Middle		McBonald	4. DATE OF DEATH	Ma	nth	Doy 23	Yeor 1956
	R OR RACE	7. MARR	DIVORCE		8. DATE OF BIRTH ?/?/1868		9. AGE (In years last birthday) 87 yrs	Manths	YEAR IF U	NDER 24 HRS.
Og. USUAL OCCUPATION (Give I during most of working life, e	ind of work d ven if retired)	one 10b.	KIND OF BUSINESS	OR INDUS		rille,	country) Virginia		U.S.	A .
George Washi					Ma		t Salome	Minich		
IS. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) If yes, give	ARMED FOR		SOCIAL SECURITY NO	O. 17. II	WORMANT Hospital	reco		dress		
Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.	DUE TO		Coronary	occ	lusion carditis				ONSET A	hrs.
PART II. OTHER SIGNI 200. ACCIDENT WAS UNDER OR CONTRIBUTING ID CAUS (IF EITHER, NOTIFY MEDICAL					NOT RELATED TO THE TERM D. (Enter nature of injury in			VEN IN PART	PE	AS AUTOPSY RFORMED?
20c. TIME OF INJURY Month Hour a. m.		r 20d. It While at war	Not while		ACE OF INJURY (Home, far tary, street, office bldg., e		y or town)	(Ce	ounty)	(State)
ACTUAL SIGNATURE OR ALL	17 22,	12.5		t deoth	, 1952, to F occurred aft:05 M.D. Springfie Sykesvil	P.M. fro Address (m the causes Street, city or town	ond on the		
220. BURIAL, CREMATION, 226. REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNAT	77-11	956	Melul ADDRESS	AETERY O	R-GREMATORY		RIDGE	or county)	1/10	State)

may be retained by the hospital Sitending physician.

O FUNERAL DIRECTOR: After this serificate has been signed by the attending physician and complex page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registror priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be retained by the hospital

ithin 24 haurs after deoth. Page 4

filled in by the funeral director, Pages 1 and 2 should be filled with

VS A15 (4) 15M 9/55

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		e talit , e	trum o Zhoa (5		
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		e Idli . m	trum ožnoviji ta sakšanystk		
		e Idli . m	urum oʻznovali ta ilganisa milososano area		
			urum oʻznovali ta ilganisa milososano area	C FOR SELECTION OF THE PROPERTY OF THE PROPERT	
				C FOR SELECTION OF THE PROPERTY OF THE PROPERT	A) ess cus
					Sign of the state
BUREAU V.					Sign of the state
BUREAU V.					Sign of the state
BUREAU V.					A) ess cus
					A) ess cus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1654

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DEATH 1. PLACE OF DEATH	01634
× ,=	Reg. Dist. No.
1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) O	OF DECEASED
	UNTYGARROLL
CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RU OR pad give nearest towh) CITY (If outside corporate limits, write RU OR OR Pad give nearest towh)	URAL end give nearest town)
CITY (If outside corporate limits, write RURAL (in this place) OR pad give nearest town) TOWN LINAL WESTMINSTER OR TOWN LINES OR TOWN LINAL WESTMINSTER	INSTER X
HOSPITAL OR STREET (IF FU INSTITUTION OR ADDRESS STREET ADDRESS	ural give location)
COUNTY AR OL MARYLAND STATE D. COL CITY (If outside corporete limits, write RURAL OR god give nearest town) TOWN DRAL WESTMINSTER HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF O	(Month) (Dey) (Yeer)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 2-23-1896 59	dey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY A PART OF THE PROPERTY OF THE P	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 0 3 17.
THOMAS NAME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, ng, grunk.) (If Yes, give wer or detes of service) 18. MEDICAL CERTIFICATION	FITH
OF TO (Yes, ng, grunk.) (If Yes, give wer or deles of service) NONE J. MELVINME	REDITH MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Mes cearlities (acuti) Hyportius	min
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO PT
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.) (First Her, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work 22d. I hereby certify that I attended the deceased from 19 4 4 to 4 1 1 19	
22. I hereby certify that I attended the deceased from the property 19 44 4, to 2 - 11 - 19	that I last saw the deceased
10. USUAL OCCUPATION (Give kind of work one during most of working life, even if one during most of working life, even if one industry) 11. BIRTHPLACE (Stete or foreign country) 12. INFORMANT & ADDRESS 13. FATREYS NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. INFORMANT & ADDRESS 19. MEDICAL CERTIFICATION 19. INFORMANT & ADDRESS 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. INFORMANT & ADDRESS 19. MEDICAL CERTIFICATION 19. MAJOR FINDINGS OF OPERATION 19. INFORMANT & ADDRESS 19. MEDICAL CERTIFICATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 22. I hereby certify that I attended the deceased from Major Finding of the work et wo	ty, town, state) DATE SIGNED
23. BURIAL CREMATION. A BATE THEREOF I NAME OF CEMETERY OR CREMATORY	etheriples 1142-13-x
	y, town, or county) (Stete) (Stete)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 2 -14 - J-4. Howeld Muller Hisambard F. Som I.	Westminster Md

CERTIFICATE OF DEATH

BUREAU V. S.

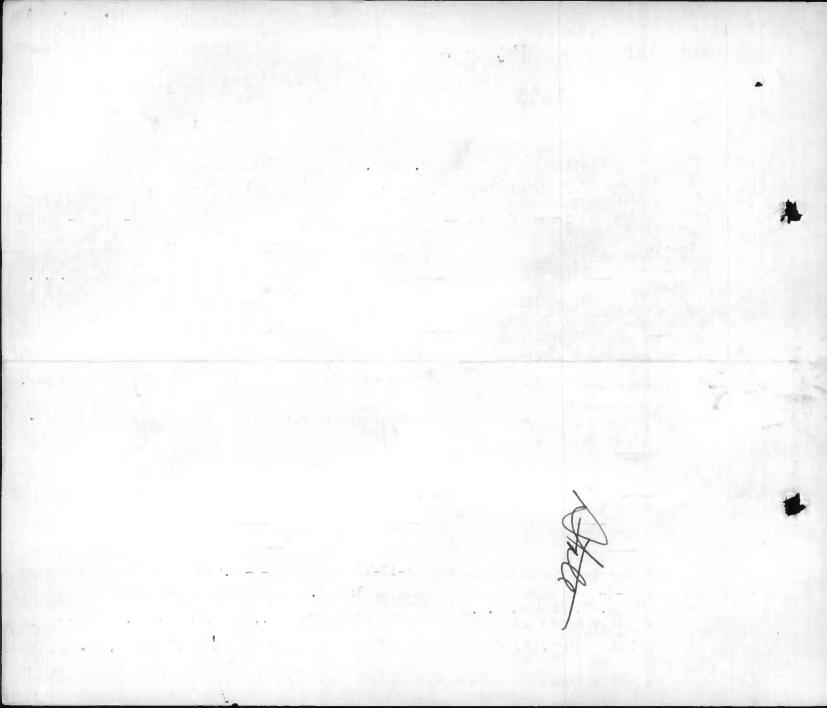
LEB 1 6 1820

CERTIFICATE OF DEATH

Reg. Dist. No.

ADDRESS

COUNTY	1.			(HOME) OF DECEASED.	vV
Ca	rroll	MARYLAND		land	
CITY (If outside co	rporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and g	All I
K OR give nearest	kesville	loyrs, umos.	TOWN Balt	imore	3V01-4
HOSPITAL OR			STREET ADDRESS	(If rural, give location)	
5 INSTITUTION OF STREET ADDRES	s Springfield	d State Hospital	ADDRESS 33	Ol Mary Avenue	`
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year
DECEASED (Type or Print)	Grace	Ex	Miller	DEATH 2-	8- 156
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	r. 1 year If under 24 h
Female	White	WIDOWED, DIVORCED, (Specify) Married	4-4-1882	73 rs.	
IOa. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	COUNTRY?
done daring most of w	many me, even a retired)	INDUSTR:		rland	U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDE		
	John Miller			ry Blainey	
(Ves no of unknown)	ER IN U.S. ARMED FORCES (If year, give war or dates	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(1 es, no, or unshown,	service)		Hospi	tal records	
490 X Immediate	cause (a)	Lobar pneu	monia		24 hrs.
Anteceden	t cause(s)	O walama?			10 yrs.
giving rise to stating the u	onditions, if any, (b) the above cause inderlying cause last	Cerebrai	arteriosclerosi	.5	10 yrs.
II. OTHER SIGNIFI	iting to the death but not se or condition causing deat				
related to the disease	RATION 19h. MAJOR !	FINDINGS OF OPERATION			20. AUTOPSY?
related to the disease	dillon live mine on				
related to the disease					Yes 🗆 No
related to the disease		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	· qm	
related to the disease 19a. DATE OF OPER 21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)		· qm	
related to the disease 19a. DATE OF OPEI 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) PLA OF INJ (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	(STATE)
related to the disease 19a. DATE OF OPER 19a. DATE OF OPER 2016 DE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification of the disease	(Specify) PLA OF INJ (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	How did injury o	CCUR?, 156, that I last	saw the deceased
related to the disease 19a. DATE OF OPER 19a. DATE OF OPER 201. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically on 2-	(Specify) PLA OF (Day) (Year) (Hour) m. fy that I attended th	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	How did injury o	CCUR?, 156, that I last	saw the deceased



M

246. REGISTRAR'S SIGNATURE

Steering

240. REC'D BY REGISTRAR

MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	01636
165	6 CERTIFICA	ATE OF DEATH	Re	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Charell	MARYLAND	2. USUAL RESIDENCE (Who a. STATE WARL &	ere deceased lived. If institution, Re	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 3 4rs +	C. CITY OR TOWN (IF OF	utside carporate limits, write RURAL	and give nearest town) 3 V 0 1 - 4
d. NAME OF HOSPITAL (If not in hospital, give stree 15 OR INSTITUTION, SARL HOSPI	i dadressy	d. STREET ADDRESS 1925 Whistle	r dre	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HIZABETH R	EGINA Middle	MOORE	4. DATE OF Month DEATH RESILEATY	22 1956
felle White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	6/16/84	last birthday) Moi	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of wasking life, even if retired) **Manual Wife **Manual Wife	S. KIND OF BUSINESS OR INDU	Maryt	aud	2. CITIZEN OF WHAT COUNTRY
Washilw-Shelan		Coffier Me	buiney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17.	MFORMANT Ktskifal rec	erds Address	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	ug.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate case (a), stating the under-lying cause lost.	eral view	ria se lerroi		4. jrs plu
PART II. OTHER SIGNIFICANT CONDITIONS Schille Payellase	S PARALLA	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	scribe/HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)	
Hour a.m. Whil		ACE OF INJURY (Home, farm, clary, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decedative on 2/22/ 19	-	, 19 <u>52</u> , to 2/	_M, from the causes and	at I last saw the decease an the date stated above
ACTUAL SONNENFELDT	gertruck	M.D. Springfisla	ADDRESS (Street, city or town, state) Staff Horfulfal	Sykestelle Me
PHYSICIAN'S GERBUR Soul	enfeldt M.D			2-22-5
220 BURIAL, CREMATION, 236. DATE THEREOF	220 NAME OF GEMETERY C	OR CREMATORY	22d. JOCATION (City, town, or op)	(State)

ADDRESS 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

BUREAU V. S.

A ... and the other transfer



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1657 CERTIFICATE OF DEATH

Reg. I	Dist.	No. 26
--------	-------	--------

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASE	
COUNTY CARROLL MARYLAND	STATE DO COUNTY CARI	ROLL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporeta limits, write RURAL end give nee	rest town)
OR and give necessary) TOWN (in this place)	TOWN R. / IN/ESTAIL NOTE TO	>
HOSPITAL OR	STREET (If roral give location)	
INSTITUTION OR 'D	ADDRESS AD D	
STREET ADDRESS 11.1.3	1 11.12. >	
3. NAME OF (First) (Middle) DECEASED A (A)	(Lest) 4. DATE (Month)	(Day) (Yaar)
(Type or Print) ADA ALICE (WINGS DEATH 2	11 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE lest birthday IF UNDER	
F M Specify W 10-	1-1877 78 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	D/10.	COUNTRY?
HOUSEWIFE	1.10,	U·S·A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM B. MELSON	TRACHAEL A. BUCK	MAHIZINI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	SOPENMAS
(Yas, no, or unk.) (If Yes, giva wer or detas of service)	MECHIM LAGUE BY	Talk Mis
18. MEDICAL CER	ININ WITH COURSE BAL	INTERVAC BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THEATION	ONSET AND DEATH
4201 IMMEDIATE CAUSE (A) COULTY	Thrombases	1 hr
DISEASES OR CONDITIONS, IF ANY, (B)	cular Revaliliess	soura.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	al Slegeneration	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11 / 1 / 12	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	W Heardersesse	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	inclusation	20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while et work	21f. HOW DID INJURY OCCUR?	
	THE EON WOLF	
22. I hereby certify that I attended the deceased from		
	A.A.A.M., from the causes and on the date state	ad above.
allem Beiche M.D.	ADDRESS (Street, city, tows, state)	Fel 13/16
23. BURIAL, CREMATION, DATE PAREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(Stata)
REMOVAL (SPECIFY) 1-14-101/ DET DD	Bull and Charles	MI
DUITAL LA 17"17361 PERTY	ILL PEW! DILYATTMOOF	1112.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 2-14- 06 Howil Auth	Al Jampard Won Westin	motor ma

BY RECORDED AS PART OF THEM TO THE STATE CHARTE AN

HEAT CERTIFICATE OF DEATH

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BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1658 Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Allegany COUNTY Carroll STATE Mary land MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) end give nearest fown) (in this place) TOWNRUTal 20 TOWN Arbutus-27 Sykesville day HOSPITAL OR STREET INSTITUTION OF ADDRESS STREET ADDRESS Springfield State Hospital Benson Avenue (Middle) (Last) DATE (Month) (Yeer) NAME OF DECEASED OF (Type or Print) WALTER RAYMOND PRICE COLOR OR 8. DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR SINGLE, MARRIED. HE UNDER 24 HRS RACE WIDOWED, DIVORCED Months Hours 10/18/00 Male (Specify) Div. 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or loreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT COUNTRY? done during most of working life, even if OR INDUSTRY retired) a horer West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ephriam Price Katie Barnes 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If Yes, give wer or datas of service) Record. Springfield State Hospital 13135888 MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Carcinoma of bladder l years IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II other significant conditions contributing Acute Brain Syndrome associated with drug TO THE DEATH BUT NOT RELATED TO THE intoxication (barbiturates? l vear? DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY NO E 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farin, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dev) (Yeer) (Hour) 21a. INJURY OCCURRED Whila Not while at work at work 22. I hereby certify that I attended the deceased from 10/19 1955 to 2/16 alive on 2/1 and that death occurred at 8:30P...M. from the causes and on the date stated above ADDRESS (Streat, city, town, stete) Sykesyille. Maryland LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Baltimore National Com Baltimore, Md 24_ REC'D BY REGISTRAR

Ambrose. Inc. 1328 Sulphur Sp.Rd.

CERTIFICATE OF DEATH

manuser and N. S. . Springer and January 1994

BURTAN



2/20/80 Paltimore Mational Cem. Baltimore, Md.

ambrose, Inc. 1828 Julehur Sp. Rd.

Intring

1659

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 76

	Reg. Dist. No	
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CARROLL MARYLAND	STATE COUNTY	CARROLL
CITY (If outside corporata limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
OR five nearest town TOWN TURAL WESTMINISTER (In this place)	TOWN PUPAL WESTMINSTER	X
HOSPITAL OR	STREET (If rural, give location)	/
STREET ADDRESS # 3	ADDRESS RD 5	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) FRANIT DERTRAM TICE	MARDS DEATH	19 196
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday II under	I year If undar 24 hrs Days Hours Min.
WIDOWED, DIVORCED, (Specify) S/11/9-LE	120LT 22,1406 49 yrs.	Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
NONE	A.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
W. HERBERT F. MICHARDS nutrus	ILILLIAM 'NI- DAVID	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or upknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS R. D. 5	0 /
NO Iservice) NOME	Herbert 1= Richards Westminster	Imd.
18. MEDICAL CE		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
910,1 Crustin 11111	to should	number
Immediate cause (a) survey reger	9, 0 2020	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		Yes No K
21. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
	Waluurh Koort	c m
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY Jep 19 19369 m. work at work	Tree feel on him	
22. I certify that I took charge of the remains described above, held an A	Autonsy Inspection Inquiry Thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes], accident [, suicide], homicide],	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James & March Pepuli, Thedual Exam	we Wrotenuster The	2/21/56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
BURIAL (Specify) 2-22-1956 / PRIDERS	GEMESERY WESTMINSTE	P 140
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-56 Harrist Miller	HBankard Don Westings to	n ma

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK, is especially important. Physicians: please

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correct

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Supply every item of information carefully. write the causes of death clearly and legibly.

DECEDVED 2015

BUREAU V. S.

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INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1617 CERTIFICATE OF DEATH

01641

Reg. Dist. No.

	. I and of banks	A COUNT KEDIPERIOR (HOME) OF PECENDER	
	COUNTY LARROLL MARYLAND	STATE MID. COUNTY CARR	OLL
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town), (in this place)	CITY (If outside corporete limits, write RURAL and give near	est town)
	OR end give neerest town). (In this place) TOWN INFSTRUMSTIZER 56 YRS.	TOWN WE STMINSTER	27
Н	HOSPITAL OR	STREET (If rural give focation)	
	INSTITUTION OR 33 LALIDA CT	ADDRESS 23 1)	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	DECEASED	OF A	(teal)
	(Type or Print) LOTTIE VIPQINIA	OSS DEATH 2	8 1956
	S. SEX 6. COLOR OR 7. SINGLE MARRIED 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER	Deys Hours Min.
	F Colored Lipour 5-2	5-1872 83 yrs. Months	Days Hours Min.
		11. BIRTHPLACE (Steta or foreign country) 12.	CITIZEN OF WHAT
1	retired) OK INDUSTRY	MA	COUNTRY
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	V. J.A.
	1. 1. Diane	Nama & Dear	010140
Ħ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	416117
	(Yes, po, or unk.) (If Yes, give wer or detes of service)	23 UN	1017 57.
0	NO TONE	LILLIAN 110SS WEST	7/1/57 E. P ME
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
И	1112x	who and one I do source	2411
	442X IMMEDIATE CAUSE (A) CHURCHEN	Day nous and and	-/
	DISEASES OR CONDITIONS, IF ANY, (B)	Lassisa Kulla Tennia	5410
	GIVING RISE TO THE ABOVE CAUSE		0
	STATING UNDERLYING CAUSE LAST. DUE TO WILL SHEATER	199 4B laseno tell	2 was
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- Elest Tal P	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	9 9 9	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2			YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or town) (Count	(Stete)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	,
Я	M. et work at werk		THE A THE PARTY
	22. I hereby certify that I attended the deceased from Livel	1954, to Fel 8, 1957, that I	last saw the deceased
1	4. 1/ 10 17	9:10 A.M., from the causes and on the date stated	
٤	SIGNATURE?	ADDRESS (Street, city, town, state)	DATE SIGNED
2	Willem Speicher	Westwinster Wed For	h9/1956
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, lown, or county)	(Stete)
č	BURIAL SPECIFY) 2-13/1956 ST. LUIFES	LEMBTERY MEISTEIPST	DIVIN MID
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	men 2 11 11 Stores to Multi	1130 - has 1 the late of	- I ma
	DATE 2-14. 16 House 1 Mills	TIY UMANAMA YOUN VUN	MANNELL

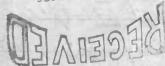
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

FEB 28 1956

TO ATTENDING PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01643

166 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Carroll MARYLAND	STATE Maryland COUNTY
CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL end give neerest town) OR
OR and give nearest town) TOWN Sykesville 28 days	TOWN Baltimore 3/0/-4
HOSPITAL OR	STREET (Il rurel give locetion)
15 INSTITUTION OR Springfield State Hospital	ADDRESS 2226 Callow Avenue, Zone 17.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Ethel Carrie James Saucerman	OF DEATH Feb. 7
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Oct. 1	of BIRTH 9. AGE lest birthdey 1 F UNDER 1 YEAR 1 Hours Min. 1 JE UNDER 1 YEAR OF UNDER 24 HR: 31, 1889
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Georgia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Helman James	Martha Scarber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS Hospital records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
4/0X IMMEDIATE CAUSE (A) Chronic Mitral hear	rt disease years
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Adhesive pericardit	tis veare
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	J-00-1-
(c) Old healed pulmon	nary tuberculosis years
TO THE RIGHIFICANT CONDITIONS CONTRIBUTING Chronic Brain S TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, arteriosclerosis,	Symdrome associated with cerebral 4 years
19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, lactory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While M. Not while et work	21I. HOW DID INJURY OCCUR?
22. I hereby cartify that I attended the deceased from 1/10	, 1956, to2/7, 1956, that I last saw the deceased
	6:20PM, from the causes and on the date stated above.
SIGNATURE / / / /	ADDRESS (Street, city, town, stete) DATE SIGNED
Hulshy H- Jamengel at m.o.	Sykesville, Maryland 2/7/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF ST. NAME OF CEMETERY OR SULTIPLE ST. PETER	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE L 8-56 C. STARRY (MILLE)	Will look sue. Dallo, Ma

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE

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Year

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(County)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Month 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months 12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

1957 that I last sow the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S

NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) -(Stote) REMIDVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE

DIRECTOR: should O FUNERAL F HOSPITAL 0 15M 9/55

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1663MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01646

Reg. Dist. No.

), PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	a. COUNTY CARROLL MARYLAND	1915ATP. VI, AND 6. COUNTY AR. R. D. L.I.
	b. CITY OR TOWN (If outside corparate limits, write RURAL ond give nearest term)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	XNEW WINDSOR VEARS	NEW WINDSOR X
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	00 KURAL	RURAL YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) MARY ELLEN S	HERFEY DEATH FEB 29 1956
		DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	FEMILE WHITE WIDOWED DIVORCED	0/20/1880 7.5 yrs.
,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST dyring most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)
1	HOUSEKEEPER AT HOME	IMARYLAND 100,
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	AARGARI= METZ SFORMANT Address
1	[Yes, no. or unknown] [If yes, give wor or dates of service]	ISILERCEN NEW LONG 112 112
7	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]	ASHEKEES NEW WINDSUIG, 1910
	PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	974 X IMMEDIATE CAUSE (0) Taugua ve	The ruck
	Conditions, if any, which)	
	gove rise to immediate cause	
ĕ	(o), stoling the underlying couse lost.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	TATIC TO THE TATIC	PERFORMED?
	PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY D. OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18.)
9		from cellar celling
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e-DLAC While Not while of work of work of work of work	FOF INJURY (Home, form, 20f. (City or town) (County) (Stoje)
	10 0 10 10 10 10 of work 10 of work 10 1	one new Mustor Correll Mo
	21. I certify that I took charge of the remains described about	ve, held an Autopsy . Inspection . Inquiry . and find that
	death resulted from: Notural couses Accident, Suid	cide X, Homicide , Undetermined couse .
1	JACTHAN LONGON OF MINER AND AND	DATE SIGNED
	SIGNATURE CHURCH J. Marsh	_M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S TAMES T MARCH	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
	22g, BURTAL, CREMATION, 122b, DATE THEREOF 12c, NAME OF CEMETERY OR	
13	RREMOVAL (Specify) 3/3/57 PIPEOPE EN	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
d	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	D.D. HARTZI. EPYSONIS NEW WINDSOR	MD DATEMAND /36 Ensue & Benedict
1	THE THE PARTY OF T	11010

VS. A15ME(5) 5M 9/55

or removal.

BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1619 CERTIFICATE OF DEATH

01647

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carroll	MARYLAND	STATE Maryland COUNTY Carr	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corporata limits, writa RURAL and give neer	
TOWN Westminster	6 years	Town Westminster	27
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 W. Chase S	treet	ADDRESS 46 W. Chase Stree	t
3. NAME OF (First) DECEASED (Type or Print) Walter Ja	(Middle)	(Last) 4. DATE (Month) OF DEATH Feb.	(Day) (Year) 23 19 56
s. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED D (Specify) M	IVORCED.	of BIRTH 9. AGE lest birthday IF UNDER 79 yrs. Months	
done during most of working life, evan if	or industry atre Owner	11. BIRTHPLACE (State or foreign country) 12. Germany	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	3	14. MOTHER'S MAIDEN NAME	
William Si	9	Goldie Harris	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or dates of servica)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS - Mrs.Goldie Silverberg	Md. Westminste
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDING:	bs. lleyes	orditis + auteropherries	15 year
218. ACCIDENT WAS UNDERLYING [216. PLACE (Ho.	me, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Count	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21d. WI	e. INJURY OCCURRED hile Not while work	21f. HOW DID INJURY OCCUR?	. (0.00)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23. Cremation	d that death occurred at M.D. NAME OF CEMETERY OR Loudon Pa	ADDRESS (Street, city, town, stete) CREMATORY LOCATION (Sity, town, or county) CREMATORY Baltimore, Mg	DATE SIGNE 2/23/17 (State) aryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	mall.	75. FUNERAL DIRECTOR'S SIGNATURE	DDRESS PO

MARYLAND STATE DEPARTMENT OF HEALTH-LANDROSS. TO

1819 CERTIFICATE OF DEATH

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Especial seconds . W. A. Spins

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INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate to The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriat transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1665

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Carroll	MARYL	AND	STATE Marvl	and COUNTY	
CITY (it outside corporate fimits, write	CITY (If outside corporate timits, write RURAL LENGTH OF STAY		CITY (II outside corporate limits, write RURAL and give nearest town)		
OR end give neerest town) TOWN Rural - Sykes	ville since	8/19/42	TOWN Balti	more City	3401-4
HOSPITAL OR			STREET	(Il rural give location)	
/ INSTITUTION OR STREET ADDRESS Springfie	ld State Hospita	al	ADDRESS 360	8 Old Frederick	Road.
3. NAME OF (First) DECEASED	(Middle)		iger	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Josep				DEATH Februar	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	B. DATE OF E	DIRTH		R 1 YEAR IF UNDER 24 HRS.
male white	(Specify) single		17, 1923	32 yrs. Months	
10e. USUAL OCCUPATION (Give kind of we done during most of working life, eve	ork 10b. KIND OF BUSINES OR INDUSTRY	SS 11.	BIRTHPLACE (Stelle or lor	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
retired) none			Maryland	Uı	nited States
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Joseph Steiger			Helen Boug	net	
IS. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (Il Yes, give wer or dal	ies ol service) unkr	าดเขา	Becords o	of Springfield Sta	ate Hosnital
110		DICAL CERTI		T - DI HIGHERT - O	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH				ONSET AND DEATH
34 . IMMEDIATE CAUSE	(A) Catatonic st	tupor		more	than 10 yrs.
ANTECEDENT CAUSE(S)	UE TO				
DISEASES OR CONDITIONS, IF ANY,	(B) Catatonic so	chizophre	enia	more	than 15 yrs.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO				
	(C)				
TO THE SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA	16 , ,	_	ound on auto	opsy. Organism	2-3 days
19e. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATIO				20. AUTOPSY?
2,	020-010 Aug				YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factor Of INJURY street, office bldg., etc.		WHERE DID INJURY OCC	UR? (City or town) (Cou	inty) (Stote)
	Yeer) (Hour) 21e. INJURY OCCI		HOW DID INJURY OCC	UR?	
daris dissip daris	M. et work	work	010 010 140		
22. I hereby certify that I att	ended the deceased from S	ept. 1st	, 19 47 , to Fet	. 16 , 19.56 , that I	last saw the deceased
alive on Feb. 16, 19					
		00001100 01.55	ADI	DRESS (Street, city, town, stete)	DATE SIGNED
martin zus	, M.D. Marti	in Miross.	M. D. Syk	esville, Md.	2/17/56
23. BURIAL, CREMATION, DATE REMOVAL (SPECIFY)				LOCATION (City, town, or count	y) (Stete)
BURIAL 2	-20-56 NE	W CAT	hedRAL	BALTIMORI	= Md
24. REC'D-BY REGISTRAR REGIS	STRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE D 20 1956	C Harry Stee	No C	Leonge L.	Schwal- Bate	Timore Md.
DATE TO STATE OF THE STATE OF T					

COS CERTIFICATE OF DEATH

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FEB 20 1956



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01650

1666 CERTIFICATE OF DEATH

Reg. Dist. No. 74

I. PLACE OF DEATH			2. (SUAL RESIDEN	CE (HOME) OF DECEA	SED	
COUNTY Carro	11	MARYLAN	ID S	STATE Maryland COUNTY			
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this piece)				CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X or and give neerest town) Naryland (In this plece) Henryton, Maryland 7 days				imore		3V01-4	
HOSPITAL OR			S	TREET	(If rural give local		
3 STREET ADDRESS Henr	yton State H	ospital	1	DDRESS 926	Madison Avenue		V
3. NAME OF	(First)	(Middla)	(Lest)	720	4. DATE (Month)	(Day)	(Year)
DECEASED		(OF		
	ndrew		Steven		DEATH 2	27	19 56
5. SEX 6. COLOR 6	WIDOWED.	DIVORCED.	B. DATE OF BIRTH		9. AGE lest birthday IF U		Hours Min.
Male Negro	(Specify) N	lidowed	5-21-	1878	77 yrs.	lis Days	Tions Man.
10a. USUAL OCCUPATION (Giva		KIND OF BUSINESS OR INDUSTRY	11. BIRT	HFLACE (Stele or foreign	gn country)	12. CITIZEN COUNTRY	
ratired) Unknow		OK HADOSIKI	C	voress Cha	pel, Virginia		
13. FATHER'S NAME				MOTHER'S MAIDEN I		, , ,	
Time	Stavenson			Sallie Bea	rafa		
	Jim Stevenson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS			
(Yes, no, or unk.) (If Yes, giva	war or dates of service)				- 926 Madison	Arramia	
No		231-07-84			- 920 madison		
I DISEASES OR CONDITIONS D	RECTLY LEADING TO DEA	TH 18. MEDIC	CAL CERTIFICA	TION			AND DEATH
OOOX IMMEDIATE CAUS	E (A)F	ar Advance	ed milmona	ry tubercu	losis		
	0.05 20	da increasion	ou poulinome				
ANTECEDENT CAUS	113)						
GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE	CAUSE						
STATING CAUSE	(C)						
11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA							
DISEASE OR CONDITION CAU		ancer of t	the Prosta	te			
190. DATE OF OPERATION	196. MAJOR FINDIN	GS OF OPERATION				20.	AUTOPSY?
						YES	
216. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA!	DEATH OF INJURY stre	tome, ferm, fectory, et, office bldg., etc.)	21c. WHE	RE DID INJURY OCCUR	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month)		21e. INJURY OCCURRI While Not what work at work	hile —	DID INJURY OCCUR	1?		
				£6 2.2	7		
22. I hereby certify the							he deceased
SIGNATURE	, 19. 20,	and that death oc	curred at.4.3.449.		auses and on the date		MAN IN UNI
SIGNATURE	11/00//	1.			RESS (Streat, city, town, stell		TE SIGNED
22 DUDI AL CDEMATION	I.F. VAGIC		M.D.		n, Maryland		2-27-56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEA	METERY OR CREMATE	OKY	LOCATION (City, town, or co	ounty)	(State)
BUNDER				0			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNAT	URE	25. 4	JNERAL DIRECTOR'S	SIGNATURE	ADDRESS	10
DATE 2-27-56	19 Much 1x	Sens - be	/ 1/	. 0. 10 :	11 mm/ 1000	120000	117 Bal

HOSE CERTIFICATE OF DEATH

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INSTRUCTION

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate 15. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEIC ATE OF

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	1994 CER		AIE OF	DEATH	Reg. Dist. No.	76
1. PLACE OF DEATH			2. USUAL	RESIDENCE (HOME) OF	DECEASED	
COUNTY Carro	1.1	MARYLAND	STATE	Md count	Y Carroll	
	te limits, write RURAL	LENGTH OF STA		outside corporate limits, write RURA		n)
TOMOL	rg Rural	4 vrs	TOWN	Taneytown Rura	e1	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		give location)	1
3. NAME OF	(First)	(Middla)	(Lest)	4. DATE (A	Aonth) (Dey)	(Year)
	ilip	В	Stuller	OF DEATH		1956.
5. SEX 6. COLC RACE	7. SINGLE, MARI WIDOWED, D (Specify) S	VORCED,	Oct.27,1876	9. AGE last birthday	Months Deys	
10a. USUAL OCCUPATION (Control dona during most of wor		IND OF BUSINESS	11. BIRTHPLACE (Stata or foreign country)	12. CITIZ	ZEN OF WHAT
ratirad) laborer	THE RESERVE THE PROPERTY OF THE PARTY OF THE	ing factor	w Md		COL	JNTRY?
13. FATHER'S NAME	1 04:11	THE TACOOL		'S MAIDEN NAME		
John St			Reb	ecca Koontz		
15. WAS DECEASED EVER IN (Yas, no, or unk.) (If Yes, g		6. SOCIAL SECURITY	NO. 17. INFO	RMANT & ADDRESS		
No No. (11 105, g	Ive wer or datas of servica)	219-01-0	0220 Mrs.	Georgiett Hale	Finksburg	.R# 1
T DISEASES OR CONDITION	S DIRECTLY LEADING TO DEATH	18. MEDICA		1	IN'	TERVAL BETWEEN
24	m.	15-11-	dita c	Granice	2	NSET AND DEATH
4431 IMMEDIATE C	DUI -0 . [/	you care	1	To compress	aten	gra
ANTECEDENT C. DISEASES OR CONDITIONS.		1 west	insun-	aneral.	7 4	eas-
GIVING RISE TO THE ABOVE	E CAUSE	11	0	13	1	
	(c) CV	lesco-	rallises		2	-4/Ke
TO THE DEATH BUT NOT R DISEASE OR CONDITION O	ELATED TO THE					/
19a. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
21a. ACCIDENT WAS UNDER	DIVING TO L. 21h. DIACE (U.S.	- t-	1 21- WHERE DID OF	HIDY OCCUPATION	YE	
OR CONTRIBUTING CAUSE	OF DEATH OF INJURY street,	offica bldg., etc.)		JURY OCCUR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Mon	WI	n. fNJURY OCCURRED hite Not white work at work		JURY OCCUR?		
22. I hereby certify	that Lattended the dece	eased from - /-	- 43	10.2-18-,195	6 that I last s	aw the deceases
alive on 2=/	/ / /		FI'LU	rom the cayses and on the		
SIGNATURE	1 1100	a mai deam occa	LA-	ADDRESS (Street, city,	own, state)	DATE SIGNED
Brun /1	Halfell	. M.	.D. Reste	co Then	ud >	-1556
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF		TERY OR CREMATORY	LOCATION (City, to	own, or county)	(Stete)
burial	Feb.21,1956	Reform	ned Church	Laneyton	Wn.	Md.
24 REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR			DIRECTOR'S SIGNATURE	ADDRES	
Der 2 +2 1 - 1-1	1110 +	0. 11	Morrie	MA. C SUMI	languit	Tun mil

THE CHATTERCATE OF DEATH

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zin c	en ade at le all		Join tuil e	

BUREAU V. S.

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NSTRUCTIONS

1668 CERTIFICATE OF DEATH

Reg. Dist. No. 7/

I. PLACE OF DEATH		Z. USUAL RESIDE	CE (HOME) OF DE	CEASED
COUNTY CARROLL	MARYLAND	STATE Maryla		
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY	CiTY (if outside corpo	rete limits, write RURAL en	d give neerest town)
x Town Rural - Sykesville	4 mos. 23 d		r Spring	15-56-2
HOSPITAL OR	1 4 mos . 25 u	STREET	(If rural give	
INSTITUTION OR		ADDRESS		√
5 STREET ADDRESS Springfield State	e Hospital	4110 D	ayton Street	. Silver Spring
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month	
(Type or Print) GEORGE		SUMMERS	DEATH 2	1 1956
S. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE C		9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS
Male RACE WIDOWED, (Specify)	Widowed 10/	7/68	87 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or form	gn country)	12. CITIZEN OF WHAT
1. 11	lephone company	New York		
13. FATHER'S NAME	reprotte combatta	1 14. MOTHER'S MAIDEN	NAME	USA
Unk .		77		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Un.		
(Yes, no, or unk.) (If Yes, give wer or detas of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
There	TIME -	Record.	Springfield :	State Hospital
	18. MEDICAL CE			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA				ONSET AND DEATH
4 Ante:	riosclerotic Ca	rdiovascular d	isease	years
ANTECEDENT CAUSE(S) DUE TO				
	neralized arter	osclerosis		years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE ODG	emia due to chr	onic nephritis		years
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH CBS as	soc. with cereb	rall arteriosch	erosis: with	hotis 18 months
19e. DATE OF OPERATION 19b. MAJOR FINDIN			psychosis	20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, ferm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
	21e. INJURY OCCURRED	21f. HOW DID HNJURY OCCU	R?	
	While Not while of work			
22. I hereby certify that I attended the de		5 1056 . 2/	1 1056	de la la la de la constant
alive on2/1, 1956, a	nd that death occurred a			
SIGNATURE OF	Vell !	ADD	RESS (Street, city, town,	state) DATE SIGNED
NUMIN OF JOVINIVIA	ING M.D.		lle, Maryland	
23. BURIAN, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY)	6 Cadas H	,00	2	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
1 4 -1 0 11	What I			0010
DATE 2-2-56 1 2400	610 7110021	11/ X hay 11	1 00 Da 7 m 1	901-144/ XLhi

CERTIFICATE OF DEATH

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BUREAU V. S.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death refrificate to

INSTRUCTIONS

CERTIFICATE OF DEATH

1669

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Carred Troub	MARYLAND	STATE MG	COUNTY		
COUNTY CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this piece)	CITY (Il outside com	porete limits, write RURAL and give n	aarest town)	
V TOWN	30 months	2014/102	more City	3Y01-4	
HOSPITAL OR Sykesville	150 monuas	STREET	(If rurel give location		
INSTITUTION OR	ath Hamilton	ADDRESS 262E	Robb St.		
STREET ADDRESS Springfield St	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
3. NAME OF (First) DECEASED (Type or Print) John	Frederick Treuli		of DEATH Feb.	7 156	
		OF BIRTH		ER 1 YEAR IF UNDER 24 HR	
RACE WIDO	OWED, DIVORCED,		Months	Days Hours Min.	
III. W	11 11-7		86 yrs.	10 01717511 05 14/1147	
10e, USUAL OCCUPATION (Give kind of work done during most of working life, avan if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	aign country)	12. CITIZEN OF WHAT COUNTRY?	
retired) machinist	Thank	Baltimore, Md		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
George M. Treulieb unlow		פסלפננה	own Mary Kemp		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT &			
(Yas, no, or unk.) (II Yes, give war or dates of servi-					
yes 9-23-91 to 3-30-	92 ????	records o	f Springfield St	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH	ERTIFICATION		ONSET AND DEATH	
20.0 IMMEDIATE CAUSE (A) R	enal rfailure ldue a	to severe neph	rosclerosis	years, s	
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)	Arteriosclerotic	heart disease	soular disease	yearsars	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		· ·			
	Pulmonary Edema			few days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senile brain sy	ndrome with ps	ychotic reaction	4 years	
	FINDINGS OF OPERATION			20. AUTOPSY?	
				YES NO	
	ACE (Homa, larm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (Co	runty) (Stata)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Ho	our) 21e. INJURY OCCURRED	21. HOW DID INJURY OCC	UR?		
gas-pro-respon-	M. at work et work	(manus - m) - m)			
22. I hereby certify that I attended the	he deserred from Justar le	10 53 to Feb	7 10 56 that	I last saw the decease	
alive on Feb. 7	1. 1	at.f.ZUDEM, from the	causes and on the date sta	DATE SIGNE	
SIGNATURE MIAR	T. W. Muse				
Martin Gross, M.D.	M.D.	Бук	esville, Md	2-7-56	
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C	OK CREMATORY	LOCATION (City, town, or cour	nty) (Stata)	
Burial Feb. 11	.,1956 Parkwood	Cemetery	Baltimore,	Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SI	IGNATURE	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	
2-8-56 10:2	VIIARMTILLIA	Leonard J.	Ruck, 5305 Harf	ord Road #14	

STANDARD OF DEATH

Bed Olet, No.

2301

() (W)			ALCON L	
	Carried and Charles Saving Co. No. 12			
	Street Streets (1971)			
	The state of the same	520 40 2		
			A MARKET LINE	
				CONTRACTOR AND A
		de la resta State el entre		
		m m		100
r b		Africa Salvija, Adrino, species, gapling		建步型型
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· WEE	half a final of the last the best workinger	TOWN THE PROPERTY OF	print Carry Ct. Sprin	T _{are}
THE	on a structof of prices at stream			
	and the state of the last	grant state		
	milate dinter direct	THE PARTY OF THE PARTY.		
Ser of the				
12 11		meth not per	a permitted and a permitted an	The second

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The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

this sid	MARYLAND STATE DEPARTMENT	NT OF HEALTH-BALTIMORE, 18	01654
After of	CEDTIEICATE	OF DEATH	11
death. A	S 1670 CERTIFICATE	Reg. Dist.	No. D
P #	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
w =	COUNTY ARROLL MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	ATATER VL. A.V. COUNTY (A). CITY (It outside corporate limits, write RURAL and give near	ZROLL
72 hours director, It	OR and give nearest town BRIDGE VEARS	OR TOWN / / / / DN RR / DG /	= ×
	HOSPITAL OR INSTITUTION OR	STREET (If rural giva location)	7
within	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Yeer)
strar the	(Type or Print) S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF STATE OF ST	ALKER DEATH FEB	8 1956
by by	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, RACE (Sparity) 6. (ALL V	9. AGE last birthday IF UNDER No. 1884 Syrs.	1 YEAR IF UNDER 24 HRS. Hours Min.
with the registrar filled in by the rmit.	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS dona during most of working lifa, aven if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
of will	Hamiltonia EKEEPER AT HOME	MARYLAND 14. MOTHER'S MAIDEN NAME	0.5.
certificate be filed with and completely fille a burial transit permit.	THOMAS NOKES	CAROLINE ALLEN	
comp comp al tra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yas, give war or dates of service)	17. INFORMANT & ADDRESS A1. NO WES INVESTIGATION ROLLING	LE MA
0 ·v	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
cian as	IMMEDIATE CAUSE (A) CEREBRAL	+EMMORRHAGE	1 WEEK
CT 500	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		6
tha din	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
quires that a attendir detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
w req	DISEASE OR CONDITION CAUSING DEATH		20. AUTOPSY? YES NO
The law	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMNER) 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., atc.)	RIC. WHERE DID INJURY OCCUR? (City or town) (Count	
ron: The executed mbly shou		21f. HOW DID INJURY OCCUR?	
UNERAL DIRECTOR: 1 rificate has been execute ath certificate assembly sl C 1-55 10M	M. at work et work 22. I hereby certify that I attended the deceased from F.E.B. /	, 1956, to 7EB 8, 1956, that I	last saw the deceased
DIR as be	alive on Fulfaction, 19.56, and that death occurred at	laito.M, from the causes and on the date stated	d above.
RAL ste h certifi 5 10M	SIGNATURE A MASS IN M.D. C	ADDRESS (Streat, city, town, stata) RNION BRIDGE, MD F	EB 9 1956
FUNERAL DIRECTOR: The law requires certificate has been executed by the attendeath certificate assembly should be detach AISC 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAY (SPICIFY)		(State)
TO CO	2W. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /MD
	DATE Febr 10 1956 Levely hepp	D. D. HARTZLER & SONS UNIC	N BRIDGE

MARYLAND STATE DEPARTMENT OF BLAVER-BALTIMORE, 18

CERTIFICATE OF DEATH

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The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01655

CERTIFICATE OF DEATH 1671

Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY CONTRACTOR OF THE PARTY AND	STATE Maryland COUNTY	
COUNTY CATTO MARYLAND CITY (If outside corporata limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give name	rest fown)
OR and give nearest town) (in this place)	OR	3 Va 1 - 4
× TOWN Tural - Sykesville 2 Mos. 7 da	STREET Baltimore (If rurel give location)	0101-4
INSTITUTION OR	ADDRESS	
/ STREET ADDRESS Springfield State Hospital	1208 Brentwood Avenu	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) CHARLES EDWARD	WARNER, JR. DEATH 2	3 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C		
	1/24/92 63 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS		. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY ratired) Dlumber	Maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	5021
Chanles Elmon Llamon Cn	Mary A. Craton	
Charles Edward Warner, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yas, give wer or datas of servica) Yes 4/1/17 - Army		77
	Record, Springfield State	HOSPITAL INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH
600.6 IMMEDIATE CAUSE (A) Septicemia		9 days
DIE TO		Juays
DISEASES OR CONDITIONS, IF ANY, (B) Bilateral Pyelon	nephritis	2 months
GIVING RISE TO THE ABOVE CAUSE DUE TO		years
(c) General paresis;	bronchopneumonia	days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS associated wit	h meningoencephalitis	770.570
DISEASE OR CONDITION CAUSING DEATH. with psychoti	c_reaction	years
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO TY
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Tel. White Dis Hook I decon (en) of foun,	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from1/25	, 1956, to	last saw the deceased
alive on2/3, 19.56, and that death occurred at		
SIGNATURE OF COMMENTAL OF	ADDRESS (Straat, city, town, stete)	DATE SIGNED
Malher of Ammendelles M.D.	Sykesville, Maryland	2/3/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county)	(Stete)
BURIAL 2/7/56 GREENMOUN	IT CEM. BALTO. CITY	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS
DATE Fel. 7. 19 16 C. Harry Heer	WIEDEFELD & SON	
miles w. 1, 1 to consugation	GREENMOUNT AVE &	22ND

MARYLAND, STATE PERAPHECT OF HEALTH-SALTEMORIC IN

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BUREAU V. S.

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Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 74
PLACE OF DEATH:		1 2. USUAL RESIDENCE	(HOME)	OF DECEASED:	

MEDICAL EXAMINER S	CERTIF	ICALL	Or	DEAT.	LL N	0 / / /	
1. PLACE OF DEATH:	2. US	UAL RESIDENC	CE (HOME)	OF DECEASED	:		
COUNTY CARROLL MARYL	AND	rate Maryla	and cou	INTY Carr	oll		
OR and give nearest_town) (in th	is place) OF	TY (If outside of	corporate limi		L and giv	e nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSP:	ST	REET DRESS	· (If	rural, give loca	tion)	1	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) NANNIE	(Last) WHITE		4. DATE OF DEATH	(Month)	(Day)	(Year)	56
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED (Specify): Single (Specify): Specify (Specify): Single (Specify): Specify (Specify):	USINESS OR 11	882 BIRTHPLACE Marylar	73 (State or fo	yrs. Month	Days 12. Cl	Hours	Min.
13. FATHER'S NAME: Whitefull	1	CALL S	1 1	ngton	2		
(Yes, no, or unk.) (If Yes, give war or dates of service)		Record, S		eld State	Hosp	ital	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA					0	NTERVAL B	DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO BURNS OF firstating underlying cause last (c) Uremia and II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ace and nec	k and scal	lp		5	days days days	
DISEASE OR CONDITION CAUSING DEATH. CETE-br. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPP	al arterios	clerosis,	with ps	ychosis		month	
24						Yes 🔯	No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ OF Street, off CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OC	ce bldg., etc.,	Union Bi	ridge	(County) Carr	011	(State) Maryl	and
OF While at	Not while at work 🖾 📗 F	t. poured					
find that death resulted from: Natural causes SIGNATURE	□, Accident å	Suicide CILIEF DEPUT], Homic	ide [], Un EXAMINER EXAMINER	determi	ned cat DATE SI 2/10/	GNED
	CEMETERY OR	CREMATORY FUNERAL DIR	Tilo	N (City, town, exhibited)	or count	ADDR	State) ESS
Niav. In. 145 C. Marry Take	4	lucow	Bres	lgc,)	nd.	,	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

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BUREAU V. S.

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The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1674CERTIFICATE OF DEATH

Reg. Dist. No....

01658

1. PLACE OF DEATH				2. USUAL	RESIDEN	CE (HOME) OF	DECEASE	D	
county Car	roll				10. 7	nd COUNTY	Mont	Come	277
CfTY (If outside corporate li		LENGTH O		STATE OF THE STATE	outside como	ate limits, write RURAL	and give no	arest town	l y
OR and give naerest town	1)	(In this p		OR					
Sykesvi	lle	17.3	years	TOWN	STTA6:	r Spring			15X-
HOSPITAL OR INSTITUTION OR				STREET		(If ruref g	live focation)		
	ngfield State	Hospita	al	Abbitto	R.F.D	. #2			4
3. NAME OF	(First)	(Middle)		(Lest)		4. DATE (M	onth)	(Dey)	(Year)
(Type or Print)	adelle	Florence	9	Wright		DEATH F	eb.	3	19 56
5. SEX 6. COLOR C	7. SINGLE, MAR WIDOWED, D		B. DATE	OF BIRTH	9	AGE fast birthday	IF UNDE		IF UNDER 24 H
Female White	(Specify) Ma	rried	June	6, 1897		58 yrs.	Months	Deys	Hours Min
10a. USUAL OCCUPATION (Give	kind of work 10b. K	IND OF BUSINES		11. BIRTHPLACE	State or foraig			2. CITIZE	N OF WHAT
done during most of working	fife, even if C	R INDUSTRY						COUN	TRY?
Clerk	IU.S.	Treasur	ry Dept		ington			U	.S.A.
I3. FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME			
Henry C. Ho	agland				Jane 1	L. Holeman			
15. WAS DECEASED EVER IN U.		16. SOCIAL SECU	URITY NO.	17. fNFC	RMANT & A				
	war or dates of servica)	none	COMMENT OF SAME AND ADDRESS AND ADDRESS AND	Person	Hasni	tal record			
No.		40 1457	NIGAL GE	RTIFICATION	HOODI	tal lection.	-	1 INITE	RVAL BETWEEN
I DISEASES OR CONDITIONS D	RECTLY LEADING TO DEATH	io. mei	DICAL CE	RIFICATION					SET AND DEATH
MMEDIATE CAUS	. Co	ronary !	Thrombo	sis				Mi	nutes
	500								
ANTECEDENT CAUS		teriosc	lerosis						4 vears
DISEASES OR CONDITIONS, IF	CAUSE	001,10001	LOLOGIC	,				-	4 Acara
STATING UNDERLYING CAUSE	LAST. DOE TO								
OTHER SIGNIFICANT CONDITION									
TO THE DEATH BUT NOT RELA	TED TO THE Schi	zonhreni	ia nar	anoid ty	ne			1 7	7 ****
DISEASE OR CONDITION CAU	J 19b. MAJOR FINDING			anora by	pe			20	/ years
IN. DATE OF OPERATION	175. MAJOR FIRDING.	or OPERATION							NO T
21a. ACCIDENT WAS UNDERLYI	NG 21b. PLACE (Ho	ma, farm, factory	/ ₁ 1	21c. WHERE DID IN	JURY OCCUR	? (City or town)	(Cou		(State)
OR CONTRIBUTING CAUSE OF	DEATH OF INJURY street,								
21d. TIME OF INJURY (Month)		INJURY OCCU	IRRED I	21f. HOW DID IN	JURY OCCUR	?			
	WI	hila Not	while						
				0.0			,		
22. I hereby certify the	nat I attended the deci	eased from	3-14	, 1938	, to	- 3, 195.	a, that I	last sav	w the decease
alive on2-2	, 19 <u>56</u> , an	d that death	occurred a	1.9. A.M.	from the ca	auses and on the	date state	vode be	e.
SIGNATURE	landun	1 /	1		ADDR	ESS (Street, city, to	wn, state)		DATE SIGNE
KERLIN SAULIOL	HOLDER M. V. S	prugge	116851	ale Host	retal.	Sexus 200	201111	1.21	31.56
28. BURIAL, CREMATION,	DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	1	LOCATION (City, to	wn, or county	y) (v	(State)
_ REMOVAL (SPECIFY)	2/6/56					Montgomer	TY CON	ntar	Ma
Burial			ATTTE	Cemetery	010 00 00 00 00 00 00 00 00 00 00 00 00		J 00u		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR	1 -11-		25. FUNERAL	DIRECTOR'S	SIGNATURE	8/3/	ADDRESS	
DATE 2-6-36	Maney	toke	e	VIInvan	2/01/	mb6211/59	Wer S	Ga.	o. Ma.

C. Harry Steering

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PERSONAL OF DEATH

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1675 CERTIFICATE OF DEATH

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A Training							R	eg. Dis	t. No	74	
1. PLACE O	F DEATH				2. USUAL	RESIDE	ICE (HOME) OF D	ECEASI	ED		
COUNTY	Carroll		MARYL	AND	STATE I	Maryla	ind county				
CITY (If ou	tside corporete limits, w	rite RURAL	LENGTH O		CITY (If o	utside corpo	rate limits, write RURAL	nd give na	arest town)		
X TOWN	Henryton,	Maryland		davs	TOWN	Balti	more		3 V	0/-	4
HOSPITAL O	R				STREET		(If rurel gi	ve locetion			
3 STREET ADDR	RESS Henryt	on State	Hospital			103 W.	Lafayette	Aven	118		4
3. NAME OF	(first)		(Middle)		(Last)	402	4. DATE (Mo		(Day)	(Ya	ar)
(Type or Print			Barbara		Wright		DEATH 2		17	19	56
5. SEX	6. COLOR OR	7. SINGLE, M	ARRIED, D. DIVORCED,	8. DATE	OF BIRTH		9. AGE lest birthdey		ER 1 YEAR	IF UNDER	
Female	Negro	(Specify)	arried	. 3-	12-1925	100	30 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCC	UPATION (Give kind o	f work 10b.	. KIND OF BUSINES		11. BIRTHPLACE (State or forei	gn country)			N OF WH	AT
	rses Aide		rt Meade	Hogn.	Wilmi	notor	. N. C.		COUN	S.	
13. FATHER'S NA		120.	· ·	1000	14. MOTHER	S MAIDEN	NAME	1	0.	5	
	Thomas	Kellv			Anni	le Let	tlev				
15. WAS DECEA	SED EVER IN U. S. AR.		16. SOCIAL SEC	URITY NO.		RMANT &					
(Yes, no, or unk.)	(If Yes, give wer or	defes of service)	Unknow	n	Mars	r Rarh	ara Wright	- 210	73 W	Lafa	rna + +
			18. ME		RTIFICATION	Date	CLE WILEITO		INTE	RVAL BET	WEEN
	CONDITIONS DIRECTLY								ONS	ET AND	EATH
OO XX IN	AMEDIATE CAUSE	(A) Pro	ofuse hem	orrnag	е						
	TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LLYING CAUSE LAST.	(B) Fai	r advance	d cavi	tary pulmo	onary	tuberculosi	s			
TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO ONDITION CAUSING D	THE									
19e. DATE OF O	PERATION 15	9b. MAJOR FINDII	NGS OF OPERATIO	N					20 YES	AUTOP	and the last of th
OR CONTRIBUTING	WAS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)		(Home, ferm, fector eet, office bldg., etc	y, :.)	21c. WHERE DID IN.	JURY OCCU	R? (City or town)	(Co	unty)	(State	a)
	URY (Month) (Dey)	(Yeer) (Hour)		JRRED 1 while work	21f. HOW DID INJ	JURY OCCU	R?				
22. I hereb	v certify that I	attended the d			19 54	to	2-17- , 19 56) that	I lact car	u the de	coseed
alive on	2-17-	19 56	and that death	occurred	- 5:15AM 6	rom the	causes and on the	data stai	ad show	- 1116 GC	ceased
SIGNATI		/	/	occurrou	uli		RESS (Street, city, toy			DATE S	IGNED
	7.	F. VIAI	al.	M, D,	Henryton	Stat	e Hospital			2-17-	-56
23. BURIAL, CRE REMOVAL (MATION, DA	ATE THEREOF	NAME OF		R CREMATORY		LOCATION (City, tow	n, or coun			State)
Bush	ial a	2/23/	56 630	la)	nal		Baller	2 111	1 -	no	0
24. REC'D BY RE	GISTRAR RE	GISTRAR'S SIGNA	TURE	-	25. FUNERAL D	DIRECTOR'S	SIGNATURE	un	ADDRESS	- 9	
DATE 2-17	-56 6	Wheet 1	R. Suas	phan	n Doc	raf	1 Brow	in,	Son		
					108W	no	nto omer	186			

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

hours after

executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1676

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OUNTY_	nd give n	earest town)		
ty		34	0%	12
rurel giv	n location	1)		V
E (Mor	nth)	(Day)	(Yee	
		17		56
thdey	Months Months	ER 1 YEAR	IF UNDER Hours	
yrs.	Months	Deys	nouis	min.
		12. CITIZET COUN Unite	TRY?	
fiel	d Sta	ONS	spita RVAL BETV ET AND D known	EATH

	EATH				2. USUAL RE	SIDENCE	(HOME) OF D	ECEASE	D	
COUNTY C	arroll		MARYL	AND	STATE Ma	arvland	COUNTY			
CITY (If outside	corporate limits, write R	RURAL	LENGTH OI	F STAY			mits, write RURAL	end give ne	arest town)	
X TOWN	ural - Syke	esville	since 4	1/30/52		altimor	e City		34	01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfiel	ld Stat	e Hospita	21	STREET ADDRESS	402 N.	(Il rurel gi Robinso	iva location		V
3. NAME OF	(First)		(Middle)		(Last)	-	DATE (Mo	nth)	(Day)	(Yeer)
(Type or Print)	William	n	Frederi	ick :	ZIMMERMAN		DEATH	2	14	19 56
5. SEX 6.		7. SINGLE, M	ARRIED, , DIVORCED,	8. DATE O	F BIRTH	9. A	GE lest birthdey			IF UNDER 24 HRS
male	white	(Specify)	single	Septer	mber 20, 18	387	68 yn.	Months	Deys	Hours Min.
	TION (Give kind of wor		KIND OF BUSINESS	S	11. BIRTHPLACE (State	or foreign co	unlsy)	1	2. CITIZEI	N OF WHAT
retired) Car	penter	" Ca	rpentry		Baltimore,	Mary]	and			d States
13. FATHER'S NAME					14. MOTHER'S M					
William	Zimmerman				Minnie	Stenge	1			
	EVER IN U. S. ARMED		16. SOCIAL SECT	URITY NO.	17. INFORMA	ANT & ADDRE	SS			
(Yes, no, or unk.) ((II Yes, give wer or dates	s of service)	unkno	מתשוכ	Records	s of Sr	ringfiel	d Sta	te Ho	snital
540.0 IMMET	DIATE CAUSE	(A) <u>He</u>	morrhage	due to	nentic ulo	2022			1177	known
DISEASES OR COND GIVING RISE TO THE STATING UNDERLYIN	DITIONS, IF ANY, IE ABOVE CAUSE IG CAUSE LAST, DU	(B) E TO (C)								
DISEASES OR COND GIVING RISE TO THI STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT	DITIONS, IF ANY, E ABOVE CAUSE IG CAUSE LAST, DU	(B) C)			drome with		ral arte:	riosc		
DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA	DITIONS, IF ANY, IE ABOVE CAUSE IG CAUSE LAST, DU IT CONDITIONS CONTR IT NOT RELATED TO THE DITION CAUSING DEATH ATION 19b. J	(B) E TO (C) RIBUTING C		ain syn with ps			ral arte:	riosc	leros	is years /
DISEASES OR COND GIVING RISE TO THI STATING UNDERLYIN TO THER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND	TOODITIONS, IF ANY, E ABOVE CAUSE IG CAUSE LAST, OU T CONDITIONS CONTR I NOT RELATED TO THE DITION CAUSING DEATH ATION 19b. // CAUSE OF DEATH	(B) E TO (C) RIBUTING C MAJOR FINDIN 21b. PLACE (I	hronic br	ain syn with ps		action		riose:	leros:	iş ÿears ≠
DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN IT OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY ME	TOODITIONS, IF ANY, E ABOVE CAUSE IG CAUSE LAST, OU T CONDITIONS CONTR I NOT RELATED TO THE DITION CAUSING DEATH ATION 19b. // CAUSE OF DEATH	(B) E TO (C) RIBUTING C 1. 21b. PLACE (I OF INJURY street)	HGS OF OPERATION Home, larm, lactory sel, olfice bldg., etc. 21e. INJURY OCCU	ain syn with ps	drome with ychotic re	cereb action			leros:	is years / . AUTOPSY?
DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME 21d. TIME OF INJURY	DITIONS, IF ANY, E ABOVE CAUSE LAST, DU TO CONDITIONS CONTRIBUTION CONTRIBUTION CAUSING DEATH AND CAUSE OF DEATH CAUSE OF DEAT	(B) E TO (C) RIBUTING C 1. 21b. PLACE (I OF INJURY street) MA.	HGS OF OPERATION Home, larm, lactory sel, olfice bldg., etc. 21e. INJURY OCCU White el work al v	ain syn with ps v. 2 IRRED IRWhile	drome with ychotic re	action	ilty or town}	(Cou	leros 2D YES	is years / . AUTOPSY? NO (Stete)
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